Dat	e:	_	5/23/2022		
You	r Name:	_	JOHN APPLEBY		
Ma	nuscript Title:	_	Rapid evaluation of a youth violence intervention programme at University College London Hospital		
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			ted" means any relation with for-profit or nonescript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For		
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	em #1 below, report and the for disclosure is the			vithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All f +l				
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		one al Institute for Health Research (NIHR)	Payments made to my institution.  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		al Institute for Health Research (NIHR)  Time frame: past 36 monti	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		-	2/24/2022		
Your Name:		-	Theo Georghiou		
Ма	nuscript Title:	. <u>-</u>	Rapid evaluation of a youth violence intervention programme at University College London Hospital		
Ма	nuscript Number (if kr	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		pt. "Rela of the mar e in doubt s/activitie nsion, you entioned i	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		I Institute for Health Research (NIHR)	Payments made to my institution.  Click the tab key to add additional rows.	
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4	Consulting fees	None None	
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8	Patents planned, issued or pending	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		5/30/2022			
Your Name:		Dr Jean Ledger	Dr Jean Ledger		
Ma	nuscript Title:	Rapid evaluation of a youth violence intervention	Rapid evaluation of a youth violence intervention programme at University College London Hospital		
Ma	nuscript Number (if kı	nown): Click or tap here to enter text.			
con affe indi The epic	tent of your manuscriected by the content of icate a bias. If you are author's relationships demiology of hyperter	rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or not fithe manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity, s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufacture.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
		entioned in the manuscript.			
	tem #1 below, report a	all support for the work reported in this manuscript will be past 36 months.	ithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	National Institute for Health Research (NIHR)	Payments made to my institution.  Click the tab key to add additional rows.		
		Time frame: past 36 months	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months	S		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	NHS England	Dr Jean Ledger is a consultant for NHS England's Digital First Primary Care team where she works part-time advising on evaluation and research in digital health and primary care. There are no direct conflicts with this project or her academic work.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 8/26/2021 ICMJE Disclosure Form

Date:		_	2/24/2022		
Your Name:		_	Lucina Rolewicz		
Mar	nuscript Title:	_	Rapid evaluation of a youth violence intervention	programme at University College London Hospital	
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Relat of the man e in doubt a os/activities nsion, you entioned in all support	ted" means any relation with for-profit or not uscript. Disclosure represents a commitment about whether to list a relationship/activity as/interests should be defined broadly. For each should declare all relationships with manufing the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this nip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ <b>No</b> I	ne Institute for Health Research (NIHR)	Payments made to my institution.  Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Non	e		
3	Royalties or licenses	⊠ No	ne		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		2/24/2022	2/24/2022		
Your Name: Manuscript Title:		Chris Sherlaw-Johnson	Chris Sherlaw-Johnson		
		Rapid evaluation of a youth violence intervention programme at University (	Rapid evaluation of a youth violence intervention programme at University College London Hospital		
Mai	nuscript Number (if kr	nown): Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		pt. "Related" means any relation with for-profit or not-for-profit third partie of the manuscript. Disclosure represents a commitment to transparency and in doubt about whether to list a relationship/activity/interest, it is preferables/activities/interests should be defined broadly. For example, if your manuscript, you should declare all relationships with manufacturers of antihyperterationed in the manuscript.	rt for the work reported in this manuscript without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comm made to you or to you	nents (e.g., if payments were our institution)		
		Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	National Institute for Health Research (NIHR)  Payments made to my  Click the tab key to add add			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None			
3	Royalties or licenses	□ None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	

ľ		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	□ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	□ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answered every question and have not altered the we	ording of any of the questions on this form.	

Date	e:		5/23/2022			
Your Name:			SONILA M TOMINI			
Mar	nuscript Title:		Rapid evaluation of a youth violence intervention	programme at University College London Hospital		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.			
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			I entities with whom you have this ship or indicate none (add rows as needed)  Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		one al Institute for Health Research (NIHR)	Payments made to my institution.  Click the tab key to add additional rows.		
			Time frame: past 36 month	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne			
3	Royalties or licenses	⊠ No	one			

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:	-	03/31/22			
You	ır Name:	. <del>-</del>	Jason M. Frerich			
Ma	nuscript Title:	. <del>-</del>	Rapid evaluation of a youth violence intervention programme at University College London Hospital			
Ma	nuscript Number (if kı	nown):	Click or tap here to enter text.			
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma indicate a bias. If you are in doub			nted" means any relation with for-profit or nonuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For	example, if your manuscript pertains to the		
-	t medication is not me	-		facturers of antihypertensive medication, even if		
	eem #1 below, report and for disclosure is the		· · · · · · · · · · · · · · · · · · ·	vithout time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		al Institute for Health Research (NIHR)	Payments made to my Nuffield Trust.  Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.		
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	•	e following statement to indicate your agreeme ered every question and have not altered the wo	

Date	<b>:</b> :		5/23/2022			
Your Name:			PEI LI NG			
Mar	nuscript Title:		Rapid evaluation of a youth violence intervention	programme at University College London Hospital		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.			
contaffe indicate The epid that	tent of your manuscricted by the content of cate a bias. If you are author's relationship lemiology of hyperter medication is not me	ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each as should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.		
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			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Noi	ne			
3	Royalties or licenses	⊠ No	one			

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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