

ICMJE DISCLOSURE FORM

Date: 6/6/2022

Your Name: Charlotte Sanderson

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): HTA REF: 16/19/02

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: E BETHAN DAVIES

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): HTA REF: 16/19/02

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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 6/1/2021

Your Name: Elizabeth Murray

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 6/1/2021

Your Name: Rebecca Jones

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Isobel Heyman

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Dr Louise Marston

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Tara Murphy

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/1/2022

Your Name: Joseph Kilgariff

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 6/10/2022

Your Name: Amber Evans

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): HTA REF: 16/19/02

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Dr Beverley Jane Brown

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Click or tap here to enter text.

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Charlotte L Hall

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): Click or tap here to enter text.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Caitlin McKenzie

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/6/2022

Your Name: Eva Serlachius

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Kareem Khan

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Liam Russell Chamberlain

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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.

ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: David Mataix-COIs

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/6/2022

Your Name: Marie Le Novere

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Natalia Kouzoupi

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/2/2022

Your Name: Per Andrén

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/1/2022

Your Name: Rachael Hunter

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Sophie Bennett

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">NIHR PGfAR funding (RP-PG-0616-20007)</td> <td>Payments made to UCL GOS ICH and GOSH</td> </tr> <tr> <td>Epilepsy Research UK Discovery Grant</td> <td>Payments made to UCL GOS ICH</td> </tr> <tr> <td>Beryl Alexander Charity grant</td> <td>Payments made to GOSH</td> </tr> </table>	NIHR PGfAR funding (RP-PG-0616-20007)	Payments made to UCL GOS ICH and GOSH	Epilepsy Research UK Discovery Grant	Payments made to UCL GOS ICH	Beryl Alexander Charity grant	Payments made to GOSH	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
		Consultant to Al-Ayn UK (My Story)	Provided consultation regarding mental health aspects of developing a centre in Iraq
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		None in addition to grants described above	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		None in relation to this project	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		Private practice in Mind and Body London	Private practice providing assessment and treatment (behavioural/cognitive behavioural) of mental health disorders in children and young people

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.

ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Chris Hollis

Manuscript Title: Online Remote Behavioural Intervention for Tics in 9-17-year-olds: the (ORBIT): a single-blind clinical and cost-effectiveness RCT with embedded process evaluation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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