

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

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Royalties: Funds are coming in to you or your institution due to your

patent

Wright 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fir David	2. Surnam Wright	e (Last Nan	ne)		3. Date 16-November-2020		
4. Are you the cor	responding author?	√ Yes	No				
estimate safety,		ffectivenes		HIPPS): Developm	nent and i	mplementation of an RCT to	
Section 2.	The Work Under Co	nsiderati	on for Pı	ublication			
any aspect of the s statistical analysis, Are there any rele If yes, please fill c	submitted work (including etc.)? evant conflicts of interes	but not lim	es ow. If you	nts, data monitorii	ng board, s	t, commercial, private foundation, etc.) study design, manuscript preparation, y press the "ADD" button to add a r	
Name of Institution/Company Grant? Personal Fees? Non-Financial Support? Comments					Comments		
Desitin Pharma			√			Providing occasional lectures on medicines and dysphagia	×
Rosemont Pharmaceu	ticals	✓				Unrestricted education grant for website maintenance Funding for PhD studentships Funding for creation of medicines apps. All before 2020	×
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Section 3.	Relevant financial a	ctivities (outside t	the submitted v	work.		
of compensation) clicking the "Add	the appropriate boxes in with entities as describent +" box. You should rep	n the table bed in the i	to indicat nstructior onships th	te whether you hans. Use one line for all were present	ave financ or each er	cial relationships (regardless of amontity; add as many lines as you nee ne 36 months prior to publication	d by
Are there any rel	evant conflicts of interes	t? Ye	es 🗸	INU			ADD

Wright 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Generate Disclosure Statement
Dr. Wright reports personal fees from Desitin Pharma, grants from Rosemont Pharmaceuticals, during the conduct of the study; .

Evaluation and Feedback

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Wright 3



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patent

Holland 1



Section 1.	Identifying Inforn	nation	
Given Name (First Name) Richard		2. Surname (Last Name) Holland	3. Date 16-November-2020
4. Are you the corresponding author?		✓ Yes No	
estimate safety,			nd implementation of an RCT to
Section 2.	The Work Under C	onsideration for Publication	
any aspect of the statistical analysis,	submitted work (includin	ve payment or services from a third party (government but not limited to grants, data monitoring boatest? Yes No	
			ADD
Section 3.	Relevant financial	activities outside the submitted work	
of compensation clicking the "Add	the appropriate boxes) with entities as descr	in the table to indicate whether you have fir ibed in the instructions. Use one line for eac eport relationships that were present durin	nancial relationships (regardless of amount h entity; add as many lines as you need by
Castian	l		
Section 4.	Intellectual Proper	ty Patents & Copyrights	
Do you have any	patents, whether plan	ned, pending or issued, broadly relevant to t	the work? Yes V No

Holland 2



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Generate Disclosure Statement
Dr. Holland has nothing to disclose.

Evaluation and Feedback

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Holland 3



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patent

Alldred 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fir David	st Name)	2. Surname (Last Name Alldred)	3. Date 16-Novemb	per-2020	
4. Are you the cor	responding author?	☐ Yes ✓ No	_	Corresponding Author's Name Prof David Wright		
			PPS): Development	and implementation of	an RCT to	
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under C	onsideration for Pul	olication			
	submitted work (includin			rnment, commercial, privat poard, study design, manu		
· ·	evant conflicts of intere			e entity press the "ADD"	button to add a row.	
	pe removed by pressing	g the "X" button.		remails, press and must		
Name of Instituti	on/Company	Grant? Personal Fees?	Non-Financial Ot Support?	her? Comments		
National Institute for	Health Research	✓		Research funder	×	
					ADD	
Section 3.	Relevant financial	activities outside th	e submitted wor	rk.		
of compensation	the appropriate boxes) with entities as descri	in the table to indicate ibed in the instructions	whether you have . Use one line for e	financial relationships (ach entity; add as many ring the 36 months pric	lines as you need by	
_	evant conflicts of intere		-	mig the 30 months pric	n to publication.	
					ADD	
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	patents, whether plan	ned, pending or issued	broadly relevant to	o the work? Yes	✓ No	

Alldred 2



Section 5.	Relationships not covered above					
	Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
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Section 6.	Disclosure Statement					
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Generate Disc	closure Statement					
No conflicts						

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Bond 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fir Christine	rst Name)	2. Surnan Bond	ne (Last Name)		3. Date 17-November-2020	
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Name David Wright		
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness						
6. Manuscript Ider	ntifying Number (if you kn	ow it)				
				_		
Section 2.	The Work Under Co	onsiderat	ion for Public	ation		
any aspect of the statistical analysis,	submitted work (including	g but not lir	mited to grants,		ent, commercial, private foundation, etc.) for I, study design, manuscript preparation,	
If yes, please fill o		ormation be	elow. If you hav	e more than one ent	ity press the "ADD" button to add a row.	
Name of Instituti		Grant?	Personal No	n-Financial Other	Comments	
Editor in Chief of Inte Pharmacy Practice	rnational Journal of		✓		Some papers from CHIPPS may be submitted to this journal	
					ADD	
Section 3.	Relevant financial	activities	outside the s	submitted work.		
of compensation	the appropriate boxes i) with entities as descri	in the table bed in the	e to indicate wh instructions. Us	nether you have fina se one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.	
Are there any rel	evant conflicts of intere	est?	′es ✓ No		ADD	
Section 4.	Intellectual Proper	ty Pate	nts & Copyrig	hts		
Do you have any	patents, whether plani	ned, pendi	ng or issued, br	oadly relevant to the	e work? Yes Vo	

Bond 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Professor Bond r conduct of the st	eports personal fees as the Editor in Chief of the International Journal of Pharmacy Practice, during the udy.

Evaluation and Feedback

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Bond 3



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Hughes 1



Section 1.	Identifying Information						
1. Given Name (Fi	rst Name)	2. Surname Hughes	e (Last Name)			3. Date 16-November-2020	
4. Are you the cor	Yes	✓ No	Correspond	ding Author's N 'right	Name		
				S): Developn	nent and impl	ementation of an RCT t	70
6. Manuscript Ide Not known	ntifying Number (if you kn	ow it)		_			
Section 2.	The Work Under Co	onsideratio	on for Public	ation			
any aspect of the statistical analysis,	submitted work (including	g but not lim	ited to grants,			mmercial, private foundati y design, manuscript prep	
	out the appropriate info be removed by pressing		•	e more than	one entity pre	ess the "ADD" button to	add a row.
Name of Institut	ion/Company	Grant?		n-Financial upport	Other? Co	omments	
NIHR		✓			Fun	iding for study	×
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Section 3.							
Section 5.	Relevant financial	activities o	outside the s	ubmitted	work.		
of compensation clicking the "Add) with entities as descri d +" box. You should re	bed in the in port relatio	nstructions. Us nships that w	se one line f	or each entity	relationships (regardless r; add as many lines as y 6 months prior to pub	you need by
Are there any rel	evant conflicts of intere	st? Ye	es 🗸 No				ADD
Section 4.	Intellectual Proper	ty Paten	ts & Copyrig	hts			
Do you have any	patents, whether plans	ned, pending	g or issued, br	oadly releva	nt to the work	k? ☐ Yes ✓ No	

Hughes 2



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	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?					
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	closure Statement					
HS&DR Comr	nissioned Panel member (2015-2019)					

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Barton 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fir Garry	2. Surname (La Barton	ast Name)	3. Date 16-November-2020					
4. Are you the cor	responding author?	Yes ✓	No	Correspond	ding Author	's Name		
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness								
6. Manuscript Ider	ntifying Number (if you kn	ow it)		-				
Section 2.	The Work Under Co	onsideration	for Publica	ation				
any aspect of the statistical analysis,	titution at any time receives submitted work (including etc.)? evant conflicts of intere	g but not limited	to grants, d					
If yes, please fill o	out the appropriate info	rmation below.	-	more than	one entity	press the "ADD'	' button to add a	a row.
	pe removed by pressing			-Financial	2			
Name of Instituti	on/Company	Giant		ipport?	Other	Comments		
	Health Research (NIHR) Applied Research (PGfAR	✓						×
								ADD
Section 3.								
Section 5.	Relevant financial	activities out	side the s	ubmitted v	work.			
of compensation clicking the "Add	the appropriate boxes i) with entities as descri l +" box. You should re	bed in the instr port relationsh	ructions. Us nips that we	e one line fo	or each en	tity; add as man	y lines as you ne	eed by
Are there any rel	evant conflicts of intere	st? Yes	✓ No					ADD
	ı							
Section 4.	Intellectual Proper	ty Patents &	& Copyrigl	nts				
Do you have any	patents, whether plan	ned, pending or	issued, bro	adly releva	nt to the v	vork? Yes	✓ No	

Barton 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. The may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Employed by CT	Us funded by NIHR (to 2021)

Evaluation and Feedback

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Barton 3



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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patent

Poland 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Fiona	2. Surname (Last Name) Poland	3. Date 16-November-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Wright
5. Manuscript Title The Care Home Independent Pharmacis estimate safety, effectiveness and cost-e): Development and implementation of an RCT to
6. Manuscript Identifying Number (if you kn Not known	ow it)	-
Section 2. The Work Under Co	onsideration for Publica	ation
		third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	st? Yes ✓ No	ADD
Section 3. Relevant financial a	activities outside the so	ubmitted work
Place a check in the appropriate boxes i of compensation) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication. ADD
Section 4. Intellectual Propert	ty Patents & Copyrigh	nts
Do you have any patents, whether plans		

Poland 2



Cartion F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. In als may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Professor Poland	has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Poland 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your

patent

Shepstone 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Shepstone	3. Date 17-November-2020
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Name David Wright
estimate safety,		effectiveness	s): Development and implementation of an RCT to
·		,	-
Section 2.	The Work Under C	onsideration for Public	ation
any aspect of the statistical analysis,	submitted work (includin etc.)?	ng but not limited to grants, o	third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any rel	evant conflicts of intere	est?	ADD
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descr	ibed in the instructions. Us eport relationships that w	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
			ADD
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any			
Do you have any	paterits, whether plan	med, pending of issued, bro	padly relevant to the work? ☐ Yes ✓ No

Shepstone 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Generate Disclosure Statement
EME Funding Committee member (2010 - 2014)

Evaluation and Feedback

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Shepstone 3



Instructions

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patent

Arthur 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fir	rst Name)	2. Surname (Arthur	Last Name)		3. Date 16-November-2020
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Nar	ne
estimate safety,		effectiveness	tudy (CHIPPS)	: Development and impler	nentation of an RCT to
Section 2.	The Work Under Co	onsideratior	n for Publica	tion	
any aspect of the statistical analysis,	submitted work (includin	g but not limite	ed to grants, da	, , ,	mercial, private foundation, etc.) for design, manuscript preparation,
					ADD
Section 3.	Polovant financial	activities ou	utsida tha su	hmittad work	
Place a check in of compensation clicking the "Add) with entities as descri	in the table to ibed in the ins eport relations	indicate whe	ether you have financial rele one line for each entity; a	lationships (regardless of amount add as many lines as you need by months prior to publication.
Section 4.	Intellectual Proper	tv Patents	& Copyrigh	ts	
Do you have any				adly relevant to the work?	☐ Yes ✓ No

Arthur 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
HS&DR Comr	nissioned Board member (2014 - 2016)

Evaluation and Feedback

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Arthur 3



Instructions

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Birt 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Linda	rst Name)	2. Surname (Last Name) Birt		3. Date 16-November-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nai Prof David Wright	me
estimate safety,	ndependent Pharmacis effectiveness and cost-	effectiveness	PPS): Development and impler	mentation of an RCT to
o. Manuscript Ider	ntifying Number (if you kr	iow itj		
Section 2.	The Work Under C	onsideration for Pub	lication	
	submitted work (includin		n a third party (government, com s, data monitoring board, study	mercial, private foundation, etc.) for design, manuscript preparation,
Are there any rel	evant conflicts of intere	est? Yes V		ADD
Section 3.				
Section 5.	Relevant financial	activities outside the	e submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. eport relationships that	Use one line for each entity; a were present during the 36	lationships (regardless of amount add as many lines as you need by months prior to publication.
				ADD
Section 4.	Intellectual Proper	ty Patents & Copyr	ights	
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to the work?	Yes 🗸 No

Birt 2



Cartina F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. Birt has nothi	ing to disclose.

Evaluation and Feedback

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Birt 3



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patent

Blacklock 1



Section 1.	Identifying Inform	ation	
1. Given Name (First Jeanette	Name)	2. Surname (Last Name) Blacklock	3. Date 16-November-2020
4. Are you the corre	sponding author?	☐ Yes ✓ No	Corresponding Author's Name David Wright
estimate safety, ef	dependent Pharmacis fectiveness and cost-e fying Number (if you kn	effectiveness): Development and implementation of an RCT to
o. Manuscript luenti	Tyling Nutriber (ii you kii	OW It)	
Section 2.	Γhe Work Under Co	onsideration for Publica	ation
any aspect of the su statistical analysis, et	bmitted work (including	g but not limited to grants, d	third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relev	rant connects of intere	st: Tes V No	ADD
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation) v clicking the "Add +	with entities as descri	bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
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Section 4.	ntellectual Proper	ty Patents & Copyrigh	nts
Do you have any p	atents, whether planr	ned, pending or issued, bro	padly relevant to the work? Yes V No

Blacklock 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Blacklock 3



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patent

Blyth 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Blyth	3. Date 16-November-2020
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Name Professor David Wright
estimate safety,	Independent Pharmacise effectiveness and cost-	effectiveness	s): Development and implementation of an RCT to
6. Manuscript Idei Unknown	ntifying Number (if you kr	now it)	_
Section 2.	The Work Under C	onsideration for Public	ation
	submitted work (including		third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any rel	evant conflicts of intere	est? Yes ✓ No	ADD
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	the appropriate boxes) with entities as descr	in the table to indicate which ibed in the instructions. Use port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication. ADD
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any			oadly relevant to the work? Yes V No

Blyth 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
I confirm that I, A	Annie Blyth, have nothing to disclose.

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Cheilari 1



Section 1.	Identifying Inform	nation					
Given Name (Fir Stamatina	rst Name)	2. Surnar Cheilari	me (Last Name)			3. Date 18-Novem	ber-2020
4. Are you the cor	responding author?	✓ Yes	No				
estimate safety,	e ndependent Pharmacis effectiveness and cost- ntifying Number (if you kn	effectivene		S): Developmer	nt and implen	nentation o	f an RCT to
RP-PG-0613-2000	, ,	iow itj		_			
Section 2.	The Work Under Co	onsiderat	tion for Public	ation			
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Are there any rel	evant conflicts of intere	est?	Yes ✓ No				ADD
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Do you have any	patents, whether plan	-			to the work?	Yes	✓ No

Cheilari 2



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Dr. Cheilari has ı	nothing to disclose.

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Daffu-O'Reilly 1



Section 1.	Identifying Inforn	nation			
1. Given Name (Fi Amrit	rst Name)	2. Surname Daffu-O'Re	e (Last Name) eilly		3. Date 16-November-2020
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Nam David Wright	ne
): Development and implem	nentation of an RCT to
6. Manuscript Idei	ntifying Number (if you kı	now it)			
Section 2.	The Work Under C	onsideration	on for Publica	ation	
	submitted work (including				nercial, private foundation, etc.) for design, manuscript preparation,
Are there any relevant conflicts of interest? Yes V No					
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Section 3.					
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Are there any rel	evant conflicts of intere	est? Ye	es 🗸 No		
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Do you have any	patents, whether plan	ned, pending	g or issued, bro	adly relevant to the work?	Yes V No

Daffu-O'Reilly 2



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Section 5.	Relationships not covered above
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Dr. Daffu-O'Reilly	has nothing to disclose.

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Dalgarno 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fii Lindsay	rst Name)	2. Surname (Last Name) Dalgarno	3. Date 16-November-2020	
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Professor David J. Wright	
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness 6. Manuscript Identifying Number (if you know it)				
	titution at any time recei		a third party (government, commercial, private foundation, etc.) for	
any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No				
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Section 3.	Relevant financial	activities outside the	submitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyr	ights	
Do you have any	patents, whether plan	ned, pending or issued, b	proadly relevant to the work? Yes V No	

Dalgarno 2



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Desborough 1



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4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Nan David Wright	ne
			Study (CHIPPS): Development and implen	nentation of an RCT to
6. Manuscript lder	ntifying Number (if you kı	now it)			
Section 2.	The Work Under C	onsideratio	n for Publica	ation	
	submitted work (including				nercial, private foundation, etc.) for design, manuscript preparation,
Are there any relevant conflicts of interest? Yes V No					
					ADD
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Section 3.	Relevant financial	activities o	utside the si	ubmitted work.	
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Soction 4					
Section 4.	Intellectual Proper	rty Patent	s & Copyrigh	nts	
Do you have any	patents, whether plan	ned, pending	or issued, bro	adly relevant to the work?	Yes V No

Desborough 2



Cartina F	
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Royalties: Funds are coming in to you or your institution due to your

patent

Ford 1



Section 1.	Identifying Inforn	nation			
1. Given Name (Firs	t Name)	2. Surname (Last Name) Ford		3. Date 16-November-2020	
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Na Wright D	me	
estimate safety, e	ffectiveness and cost-	effectiveness	S): Development and imple	mentation of an RCT to	
6. Manuscript Ident	ifying Number (if you kr	now it)	_		
Section 2.	The Work Under C	onsideration for Public	cation		
any aspect of the su statistical analysis, e	Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?				
Are there any relevant conflicts of interest?				ADD	
Section 3.					
	Relevant financial	activities outside the	submitted work.		
of compensation)	with entities as descr	ibed in the instructions. U	se one line for each entity;	lationships (regardless of amount add as many lines as you need by months prior to publication.	
Are there any rele	vant conflicts of intere	est? ☐ Yes ✓ No			
				ADD	
Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts		
Do you have any p	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes Vo	

Ford 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	enuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. In als may ask authors to disclose further information about reported relationships.
Section 6.	
occuron or	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Dr. Ford has not	hing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Ford 3



Instructions

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Grant 1



Section 1.	Identifying Inforn	nation			
1. Given Name (Fi Kelly	rst Name)	2. Surname (Last Name) Grant	3. Date 17-November-2020		
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Name David Wright		
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness 6. Manuscript Identifying Number (if you know it)					
Section 2.		onsideration for Public			
any aspect of the statistical analysis,	Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No				
·			ADD		
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add) with entities as descr	ibed in the instructions. Us eport relationships that w	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication. ADD		
Continue	l				
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, bro	padly relevant to the work? Yes V No		

Grant 2



Section 5.	Relationships not covered above
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Generate Dis	closure Statement
Mrs. Grant has n	othing to disclose.

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Gray 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fii Janet	rst Name)	2. Surname (Last Name) Gray	3. Date 17-November-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name David Wright
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness			S): Development and implementation of an RCT to
6. Manuscript Idei	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	ation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?			
Are there any rel	evant conflicts of intere	est?	ADD
Section 3.	Relevant financial	activities outside the s	submitted work.
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			ADD
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes ✓ No

Gray 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Generate Disclosure Statement
Mrs. Gray has nothing to disclose.

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patent

Handford 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Christine	2. Surname (Last Name) Handford	3. Date 24-November-2020
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name David Wright
estimate safety, effectiveness and cost-	effectiveness): Development and implementation of an RCT to
6. Manuscript Identifying Number (if you kn	ow it)	
Section 2. The Work Under Co	onsideration for Publica	tion
		third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	st?	ADD
Section 3. Relevant financial	activities outside the su	ubmitted work.
of compensation) with entities as descri clicking the "Add +" box. You should re	bed in the instructions. Use port relationships that we	ether you have financial relationships (regardless of amount one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Are there any relevant conflicts of intere	st?	ADD
Section 4. Intellectual Proper	ty Patents & Copyrigh	ts
Do you have any patents, whether plant	ned, pending or issued, bro	adly relevant to the work? Yes V No

Handford 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
I confirm that I, (Christine Handford, have nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Handford 3



Instructions

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Harry 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fir Bronwen	rst Name)	2. Surname (Last Name) Harry	3. Date 16-November-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness 6. Manuscript Identifying Number (if you know it)			S): Development and implementation of an RCT to
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·			ADD
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			ADD
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	intellectual Flopel	ty Patents & Copyrig	nts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo

Harry 2



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Hill 1



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4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name David Wright	
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Are there any rel	evant conflicts of intere	est? Yes ✓	No	
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			ADD	
Section 4.	Intellectual Proper	ty Patents & Cop	pyrights	
Do you have any	patents, whether plan	ned, pending or issue	d, broadly relevant to the work? Yes ✓ No	

Hill 2



and the second	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Diselecture Statement
	Disclosure Statement ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
below.	te disclosures, this form will date matter use a disclosure state ment, which will appear in the sex
Generate Disc	closure Statement
Mrs. Hill has not	ning to disclose.

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Royalties: Funds are coming in to you or your institution due to your

patent

Inch 1



Section 1.	Identifying Inforn	nation	
1. Given Name (First Name) Jackie		2. Surname (Last Name) Inch	3. Date 17-November-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness 6. Manuscript Identifying Number (if you know it)			s): Development and implementation of an RCT to
Section 2.	The Work Under C	onsideration for Public	ation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No			
			ADD
Section 3.	Relevant financial	activities outside the s	uhmitted work
Place a check in of compensation clicking the "Add	the appropriate boxes) with entities as descr	in the table to indicate which ibed in the instructions. Use port relationships that w	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication. ADD
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Inch 2



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patent

Myint 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Phyo	rst Name)	2. Surname (Last Name) Myint		3. Date 16-November-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nan	ne
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Desertimate safety, effectiveness and cost-effectiveness			S): Development and implen	nentation of an RCT to
6. Manuscript Idei	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	ation	
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?				
Are there any relevant conflicts of interest? Yes Vo				
				ADD
Section 3.				
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation) with entities as descr	ibed in the instructions. Us	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by months prior to publication.
Are there any rel	evant conflicts of intere	est? ☐ Yes ✓ No		
				ADD
Continu				
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes V No

Myint 2



Section 5.	Relationships not covered above
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patent

Norris 1



Section 1.	Identifying Inforn	nation			
1. Given Name (First Name) Nigel		2. Surname (Last Name) Norris		3. Date 18-November-2020	
4. Are you the cor	4. Are you the corresponding author?		No	Corresponding Author's Name	
5. Manuscript Title The Care Home Independent Pharmacist Prescriber Study (CHIPPS): Development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness 6. Manuscript Identifying Number (if you know it)					
Section 2.	The Work Under C	onsideration	for Publica	ntion	
any aspect of the statistical analysis,	submitted work (includin	g but not limited		third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
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Section 5.	Relevant financial	activities out	iside the su	ibmitted work.	
of compensation clicking the "Add) with entities as descr	ibed in the inst eport relations	ructions. Use	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.	
				ADD	
Section					
Section 4.	Intellectual Proper	ty Patents	& Copyrigh	its	
Do you have any	patents, whether plan	ned, pending o	r issued, bro	adly relevant to the work? Yes Vo	

Norris 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo	we disclosures, this form will automatically generate a disclosure statement, which will appear in the box
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Dr. Norris has no	othing to disclose.

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Spargo 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fir Maureen	st Name)	2. Surname (Last Name) Spargo		3. Date 17-November-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nar David Wright	ne
estimate safety,	ndependent Pharmaci effectiveness and cost-	effectiveness	S): Development and implen	nentation of an RCT to
6. Manuscript Ider	ntifying Number (if you ki	now it)		
Section 2.	The Work Under C	Consideration for Public	cation	
	submitted work (includin			mercial, private foundation, etc.) for design, manuscript preparation,
Are there any relevant conflicts of interest? Yes V No				ADD
	I			
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descr	ibed in the instructions. U	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by months prior to publication.
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	ı			_
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	Yes No

Spargo 2



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Maskrey 1



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1. Given Name (Fii Vivienne	rst Name)	2. Surname (Last Nan Maskrey	ne) 3. Date 18-November-2020	
4. Are you the cor			Corresponding Author's Name David Wright	
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		_	ADD	
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Do you have any			d, broadly relevant to the work? Yes ✓ No	

Maskrey 2



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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

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Turner 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Turner	3. Date 17-November-2020	
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Wright	
estimate safety,		-effectiveness	S): Development and implementation of an RCT to	
Section 2.	The Work Under C	Consideration for Public	ation	
any aspect of the statistical analysis,	submitted work (including etc.)?	ng but not limited to grants,	third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,	
Are there any relevant conflicts of interest? Yes V No				
	_			
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	the appropriate boxes) with entities as descr	in the table to indicate which the instructions. Use port relationships that w	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.	
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Turner 2



Carrier E	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. In als may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Mr. Turner has n	othing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Turner 3



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Watts 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Laura	2. Surname (Last Name) Watts	3. Date 16-November-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript TitleThe Care Home Independent Pharmacis estimate safety, effectiveness and cost-off.6. Manuscript Identifying Number (if you known to be a second to be a second		ementation of an RCT to
Section 2. The Work Under Co	onsideration for Publication	
	re payment or services from a third party (government, cong but not limited to grants, data monitoring board, study est? Yes No	
, , , , , , , , , , , , , , , , , , , ,		ADD
Section 3. Relevant financial		
Relevant financial	activities outside the submitted work.	
of compensation) with entities as descri	in the table to indicate whether you have financial rebed in the instructions. Use one line for each entity; port relationships that were present during the 36 st? Yes Vo	add as many lines as you need by
		ADD
Section 4. Intellectual Proper	ty Patents & Copyrights	
	ned, pending or issued, broadly relevant to the work	? ☑ Yes ✓ No

Watts 2



Continu E	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Watts 3



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patent

Zermansky 1



Section 1.	Identifying Inforn	nation				
1. Given Name (Fii Arnold	rst Name)	2. Surname (Last Zermansky	Name)		3. Date 24-November-2020	
4. Are you the cor	4. Are you the corresponding author?			sponding Author's Nar I Wright	me	
	e Independent Pharmacis effectiveness and cost-	-	(CHIPPS): Deve	lopment and impler	nentation of an RCT to	
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under C	onsideration for	· Publication			
	submitted work (includin				mercial, private foundation, design, manuscript preparat	
Are there any relevant conflicts of interest? Yes Vo						
						ADD
Section 3.						
Section 5.	Relevant financial	activities outsid	e the submit	ted work.		
of compensation) with entities as descr	ibed in the instruc	tions. Use one l	ne for each entity; a	lationships (regardless of add as many lines as you months prior to publicate	need by
Are there any rel	evant conflicts of intere	est? Yes	√ No			
						ADD
Continu						
Section 4.	Intellectual Proper	ty Patents & (Copyrights			
Do you have any	patents, whether plan	ned, pending or iss	sued, broadly re	levant to the work?	☐ Yes ✓ No	

Zermansky 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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Section 6.	Disalogues Statement
	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
НТА МРОН Р	anel (2011 - 2018), Pharmaceuticals Panel

Evaluation and Feedback

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