our Name:Dr I	Evaluating alternative protocols for identifying and managing patients with familia
• -	
ypercholestrolaem	ia: cost effectiveness analysis with qualitative study
Manuscript numbe	r (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All according to the constant		planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
_	Davidia andrana	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date: 06.08.2021	
Your Name:_Bethan Woods	
Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial	

hypercholesterolaemia: cost effectiveness analysis with qualitative study

Manuscript number (if known): HTA 15/134/02

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		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.	NIHR	Payment to institution to conduct this work, award number 15/134/02
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _X None	36 months
3	Royalties or licenses	X_ None	

4	Consulting fees	X None	
_	Consulting ICCs	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending	_X None	
,	meetings and/or travel	_X None	
8	Patents planned, issued or pending	X None	
0	Participation on a Data	V. None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10		A.	LITA CILL LE LA LICA CALLA CAL
10	Leadership or fiduciary role in other board, society,	None	HTA Clinical Evaluation and Trials Committee 2020-2024
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
42	services	Y N	
13	Other financial or non- financial interests	X None	

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

Date:3 rd August	
2021 Your Name: Christopher D Byrne	
Tour Nume. Christopher & Byrne	
Manuscript Title: Evaluating alternative protocols for identifying and managing hypercholestrolaemia: cost effectiveness analysis with qualitative study	patients with familial
Manuscript number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
2	Grants or contracts from any entity (if not indicated	Time frame: past None	36 months
	in item #1 above).		

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	5		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:	03-Aug-2021		_
	Doy Dotto		
Manuscript	Title:	Evaluating alternative protocols for identifying and managing patients	
with familia	al hypercholestrol	aemia: cost effectiveness analysis with qualitative	
study			
Manuscript	number (if know	n):	

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
		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	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Daiichi-Sankyo, Pfizer, Ionis, Amgen, Ackea, Novartis, Amryt	Personal honoraria received from manufacturers in the field of lipidology
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	meetings und/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
44	group, paid or unpaid	Nene	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

form.

Date: <u>03/08/2021</u> Your Name: <u>Edward Cox</u>

Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial

hypercholesterolaemia: cost effectiveness analysis with qualitative study

Manuscript number (if known): HTA 15/134/02

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	NIHR HTA	Programme grant paid to institution
		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	
4	Consulting fees	None	

5	Dayment or honoraria for	Nego	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events	Nege	
6	Payment for expert	None	
	testimony		
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
	,		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	INOTIC	
	illianciai iliterests		

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

Date:10/08/2021	_		
Your Name:Prof Jo Leonardi-Bee			
Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial			
hypercholestrolaemia: cost effectiveness analysis with qualitative study			
Manuscript number (if known):			

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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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	planning of the week
		Time frame: Since the initial	
1	All support for the present manuscript (e.g., funding,	NIHR HTA	Grant funding for research paid to the University of Nottingham
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame, past	26 months
2	Consists on an absorber for an	Time frame: past	
2	Grants or contracts from	MRC	Grant funding to conduct research in the field of familial
	any entity (if not indicated		hypercholesterolaemia: "Reduce premature coronary
	in item #1 above).		artery disease in Malaysia by early identification of
			familial hypercholesterolaemia"
3	Royalties or licenses	None	

4 Consulting fees None None None None None	
5 Payment or honoraria for None	
5 Payment or honoraria for None	
5 Payment or honoraria for None	
lectures, presentations,	
speakers bureaus,	
manuscript writing or educational events	
6 Payment for expert None testimony	
7 Support for attending None meetings and/or travel	
8 Patents planned, issued or pending None	
9 Participation on a Data None Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary role None in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock options None	
12 Receipt of equipment, None None	
writing, gifts or other	
services	
13 Other financial or non- financial interests None	

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

form.

Date:4.8.21						
our Name: Joe Kai						
Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial hypercholesterolaemia: cost effectiveness analysis with qualitative study						
Manuscript number (if known): HTA 15/134/02						

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	NIHR HTA	
		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	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	NIHR School for Primary Care Research	Member of Board (2015 to current)
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	

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

Date:09/08/21
Your Name:Kate Haralambos
Manuscript Title:_ Evaluating alternative protocols for identifying and managing patients with familia
hypercholesterolaemia: cost effectiveness analysis with qualitative study
Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	
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.	University of Nottingham HTA	Payment for PASS clinical data entry and extracting and processing data.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
42	services	Name	
13	Other financial or non- financial interests	None	

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

Date	:16/08/ 2	2021					
Your	Name:	Dr Laura Cor	ndon				
Man	Manuscript Title: Evaluating alternative protocols for identifying and managing patients						
with	with familial hypercholesterolaemia: cost effectiveness analysis with qualitative study						
Man	uscript numb	er (if known):					
1 41.	. : .	- 4.' 14 4.'					
		_	ve protocols for identifyin	g and managing patients			
		ercholesterola		insparency, we ask you to disclose all			
		•	is listed below that are	insparency, we ask you to disclose an			
	•			ns any relation with for-profit or not-for-profit third			
		-	_	f the manuscript. Disclosure represents a commitment			
-		•	•	If you are in doubt about whether to list a			
			is preferable that you do	•			
	• •						
The f	following que	estions apply t	o the author's relationship	os/activities/interests as they relate to the current			
<u>man</u>	uscript only.						
The a	author's rela	tionships/activ	rities/interests should be <u>c</u>	defined broadly. For example, if your manuscript pertains			
	-		· •	all relationships with manufacturers of antihypertensive			
med	ication, even	if that medica	tion is not mentioned in t	he manuscript.			
			•	d in this manuscript without time limit. For all other items,			
the t	ime frame fo	or disclosure is	the past 36 months.				
			Name all entities with	Specifications/Comments			
			whom you have this	(e.g., if payments were made to you or to your			
			relationship or indicate	institution)			
			none (add rows as				
			needed) Time frame: Since the initia	I along in a of the coord			
1	All support fo	r the present	None	n planning of the work			
1	manuscript (e	•	None				
		tudy materials,					
	medical writin	•					
	processing ch						
	No time limit	for this item.					
			Time frame: past	t 36 months			

Grants or contracts from

in item #1 above).

any entity (if not indicated

None

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	5		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:10 August	2021
Your Name:	Nadeem QURESHI
Manuscript Title:	Evaluating alternative protocols for identifying and managing patients
with familial hyperc	holesterolaemia: cost effectiveness analysis with qualitative stud
Manuscript number	(if known):

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		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.	NIHR HTA funded study	Payments for PI time to institution
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR SPCR & MRC NUOF study	Payments for PI time to institution
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	AMGEN	Honoraria received from manufacturer for lectures on FH
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	NIHR School for Primary Care Research	Member of Board (2021 +)
	group, paid or unpaid	HeartUK	Member of Medical, Scientific & Research Committee
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:		3/8/21
Your Name:		Paul
Roderick		
	•	Manuscript Title: Evaluating alternative protocols for identifying and
		managing patients with familial hypercholesterolaemia:
		cost effectiveness analysis with qualitative study
Manuscript 15/134/02	num	ber (if known):HTA

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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		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.	NIHR HTA funded study	Payments for PI time to institution
		Time frame: past	36 months
2		As above	As above

	Grants or contracts from any entity (if not indicated		
3	in item #1 above). Royalties or licenses	None	
4	Commutation of the co	NI	
4	Consulting fees	None	
5	Payment or honoraria for	None	
ס	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:			
X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:03.08.2021		
Your Name:_Pedro Saramago		
Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial		
hypercholesterolaemia: cost effectiveness analysis with qualitative study		
Manuscript number (if known):		

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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		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.	X None	
	Time frame: past 36 months		36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	
_			
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date: 05.08.2021

Your Name: Dr Ralph Kwame Akyea

Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial

hypercholesterolaemia: cost effectiveness analysis with qualitative study

Manuscript number (if known): HTA 15/134/02

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	X_ None	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X _ None	
	in item #1 above).		
3	Royalties or licenses	X _ None	

4	Consulting fees	_X_ None	
5	Payment or honoraria for lectures, presentations,	_X_ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or pending	_X_ None	
9	Participation on a Data Safety Monitoring Board or	_X_ None	
	Advisory Board		
40			
10	Leadership or fiduciary role in other board, society,	_X_ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X _ None	
12	Receipt of equipment, materials, drugs, medical	_X_ None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_X_ None	

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

Date: 05.08.2021

Your Name:_Ryan PW Kenny__

Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial

hypercholesterolaemia: cost effectiveness analysis with qualitative study

Manuscript number (if known): HTA 15/134/02

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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		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,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
any entity (if no	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Landauskin au fiskusiamusala	N. s. s.	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:14.08.2020	
Your Name:Stephen Weng	
Manuscript Title:	
Manuscript number (if known):	

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None NIHR HTA	Institutional Grant for Project
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR SPCR	Institutional Grant for Familial Hypercholesterolaemia
3	Royalties or licenses	None	

4	Consulting fees	None Road to Health Ltd.	Academic Advisory Committee
_			
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or	AMGEN	Honoraria for speaker fees at educational session for lipid disorders
	educational events		
6	Payment for expert testimony	X None	
_	0 !!		
7	Support for attending meetings and/or travel	None	
		AMGEN	Travel and fees paid for speaking at education session for lipid disorders
8	Patents planned, issued or pending	X_ None	
	D :: : : : : : : : : : : : : : : : : :	V N	
9	Participation on a Data Safety Monitoring Board or	_X None	
	Advisory Board		
10		N.	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid	MHRA CPRD Independent Scientific Advisory Committee	Committee member for MHRA scientific advisory committee (previous)
11	Stock or stock options	X_ None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
42	services	News	
13	Other financial or non- financial interests	None	
		Janssen Ltd.	Employee for Janssen R&D (Current)

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

form.

Date:	4 th August 2021
Your Name:	Steve E Humphries
Manuscript Title	e:_ Evaluating alternative protocols for identifying and managing patients
with familial	hypercholesterolaemia: cost effectiveness analysis with qualitative study
Manuscript num	ber (if known):
In the interest of	f transparency, we ask you to disclose all relationships/activities/interests listed below that are
related to the co parties whose in to transparency	f transparency, we ask you to disclose all relationships/activities/interests listed below that are intent of your manuscript. "Related" means any relation with for-profit or not-for-profit third iterests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a ivity/interest, it is preferable that you do so.

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	None	Support from the British Heart Foundation (PG 008/08)
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	SEH is the director of the UK Pediatric FH Register which has received support from a grant from the International Atherosclerosis Society (Pfizer number 24052829).
3	Royalties or licenses	X None	

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	_X None	
	-		
8	Patents planned, issued or pending	_X None	
9	Participation on a Data Safety Monitoring Board or	_X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	SEH is the Medical director and minor share holder of a UCL Spin-out company StoreGene which offers DNA testing for individuals with FH.
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

	Your Name:_William Rowlands Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial	
Manuscript number (if known): HTA 15/124/02	hypercholesterolaemia: cost effectiveness analysis with qualitative study	
vianuscript number (ii knowinj. 1174 15/154/02	Manuscript number (if known): HTA 15/134/02	

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All according to the constant		planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
_	Davidia anti-	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:10/08/2021	_
Your Name:Prof Zosia Miedzybrodzka	
Manuscript Title: Evaluating alternative protocols for identifying and managing patients with familial	
hypercholestrolaemia: cost effectiveness analysis with qualitative study	
Manuscript number (if known):	

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	University of Nottingham /	Payment for arranging data extraction and presenting
	medical writing, article	нта	data in Scottish health data safehaven
	processing charges, etc.)		
	No time limit for this item.		
İ			
		Time frame: past	36 months
2	Grants or contracts from		Funding to access additional biochemistry and
	any entity (if not indicated	MEGS award from AMGEN	prescribing data to add to the FH analysis model for
	in item #1 above).		future work
		MEGS award from Akcea	Funding for NHS lab I am director of to conduct tests for
			LPL deficiency where this has not been funded by their
			NHS board

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
L_	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

X_ I certify tha form.	t I have answered every	question and have no	t altered the wording	of any of the questi	ons on this

Date: 09. 08.2021				
Your Name:	Melanie Watson			
Manuscript Ti	itle: Evaluating alternative protocols for identifying and managing patients with familial			
hypercholesterolaemia: cost effectiveness analysis with qualitative study				
Manuscript number (if known): HTA 15/134/02				

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:	14/05/2021
Your Nar	me:Rita Faria
Manuscr	ript Title: Evaluating alternative protocols for identifying and managing patients with familial
hyperch	olestrolaemia: cost effectiveness analysis with qualitative study
Manuscr	ript number (if known):

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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		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 – Health Technology Appraisal programme	Payments made to my institution	
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None		
3	Royalties or licenses	X None		

4	Consulting fees	X None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	· · · · · · · · · · · · · · · · · · ·	X None	
	speakers bureaus,		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
	meetings and/or traver		
8	Patents planned, issued or	X None	
	pending		
_			
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board	+	
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy	XIVOIIC	
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Descint of anythereset	V Name	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	

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