

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. 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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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ricky

2. Surname (Last Name)

Mullis

3. Date

16-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jonathan Mant

5. Manuscript Title

Developing primary care services for stroke survivors: The Improving Primary Care After Stroke (IPCAS) research programme

6. Manuscript Identifying Number (if you know it)

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Dr. Mullis has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maria Raisa Jessica	2. Surname (Last Name) Aquino	3. Date 11-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Professor Jonathan Mant
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Aquino has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elizabeth

2. Surname (Last Name) Kreit

3. Date 11-December-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Professor Jonathan Mant

5. Manuscript Title _____

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
National Institute for Health Research (NIHR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
						ADD

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Miss Kreit reports grants from National Institute for Health Research (NIHR), during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vicki

2. Surname (Last Name)
Johnson

3. Date
23-February-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jonathan Mant

5. Manuscript Title
Developing primary care services for stroke survivors: The Improving Primary Care After Stroke (IPCAS) research programme

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An NIHR grant was received in order to conduct this study and substantial piece of work	X

ADD

Section 3. Relevant financial activities outside the submitted work.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
University Hospitals of Leicester NHS Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am employed by the University Hospitals of Leicester NHS Trust within the Leicester Diabetes Centre (LDC) which receives not-for-profit income for DESMOND, a suite of self-management programmes for which LDC hold the Intellectual Property Rights for. UHL also receives various grants to pay staff within LDC to carry out and implement various studies and self-managment programmes for which LDC holds the Intellectual Property Rights. UHL also receives various grants to pay staff within LDC to carry out and implement various studies and self management programmes.	X
						ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
My Life After Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Leicester on behalf of University Hospitals of Leicester NHS Trust	The IP for MLAS is held by University of Leicester on behalf of UHL.	X
						ADD	



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Dr. Johnson reports grants from NIHR, during the conduct of the study; other from University Hospitals of Leicester NHS Trust, outside the submitted work; In addition, Dr. Johnson has a patent My Life After Stroke licensed to University of Leicester on behalf of University Hospitals of Leicester NHS Trust.

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Section 1. Identifying Information

1. Given Name (First Name) Julie	2. Surname (Last Name) Grant	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Professor Jonathan Mant
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Emily	2. Surname (Last Name) Blatchford	3. Date 11-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Professor Jonathan Mant
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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1. Given Name (First Name)

Mark

2. Surname (Last Name)

Pilling

3. Date

11-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Professor Jonathan Mant

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Francesco	2. Surname (Last Name) Fusco	3. Date 11-December-2020
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5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

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Date: 28th March 2021

Your Name: Jonathan Mant

Manuscript Title: Developing primary care services for stroke survivors: The Improving Primary Care After Stroke (IPCAS) research programme

Manuscript number (if known): _____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Subpanel Chair for NIHR PGfAR Member of NIHR CTU Standing Advisory Committee.	Salary supplement paid
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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