Date: 05.08.21

Your Name: Professor Claudia S Estcourt

Manuscript Title: Improving the sexual health of heterosexual people and men who have sex with men by preventing transmission of sexually transmitted infections and reducing undiagnosed HIV: a mixed methods programme of research

Manuscript number (if known): N/A

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) 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	This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR	SEQUENCE digital NIHR 200856 funded under a Programme Grant for Applied Research CSO Scotland Optimising PrEP Services 2018-2020 EPSRC iSense Follow On funding 2020-2024 ePrEP, PHS & NHS GGC: 2019-2022
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	

7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	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	
	financial interests		

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

Date:		-	12/4/2022		
Your Name:		-	Fiona Mapp		
Manuscript Title:		-	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy		
Mar	nuscript Number (if k	nown):	RP-PG-0614-20009		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interested by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessified indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do the author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medical that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items frame for disclosure is the past 36 months.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
		Name all	entities with whom you have this	Specifications/Comments (e.g., if payments were	
			hip or indicate none (add rows as needed)	made to you or to your institution)	
				made to you or to your institution)	
1	All support for the present	relations No	Time frame: Since the initial planning	made to you or to your institution) of the work	
	present manuscript (e.g., funding, provision of study materials,	relations No	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	made to you or to your institution)	
	present manuscript (e.g., funding, provision of study materials, medical writing,	NIHR RF travel, r	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	made to you or to your institution) of the work Institution	
	present manuscript (e.g., funding, provision of study materials,	NIHR RF travel, r	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	made to you or to your institution) of the work	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR RF travel, r	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	made to you or to your institution) of the work Institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR RF travel, r charges	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	made to you or to your institution) of the work Institution Click the tab key to add additional rows.	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	□ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	None		
r 1	Please place an "X" next to the following statement to indicate your agreement:			
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/15/2022
Your Name:	Dr Melvina Woode Owusu
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research
	Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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

		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	of the work
2	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. Grants or contracts from any entity (if not inclinity for this item).	consumables, article processing charges.	Institution Click the tab key to add additional rows.
3	indicated in item #1 above). Royalties or licenses	None None	

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

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

ICMJE DISCLOSURE FORM
Date: 21.06.2021
Your Name: Nicola Low
Manuscript Title: Improving the sexual health of heterosexual people and men who have sex with men by preventing transmission of sexually transmitted infections and reducing undiagnosed HIV: a mixed methods programme of research
Manuscript number (if known): N/A
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> 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) 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 Time frame: past	This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009 Payments from this funder are made to my institution
2	Grants or contracts from any entity (if not indicated in item #1 above).	World Health Organization (WHO)	I have had contracts to conduct work about the effectiveness of different strategies for partner notification for sexually transmitted infections (STI). I am a member of the WHO STI Guidelines Development Group, which assesses evidence and makes decisions and recommendations about partner notification strategies.
3	Royalties or licenses		
4	Consulting fees		

5	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert		
	testimony		
7	Support for attending meetings and/or travel		
8	Patents planned, issued or		
	pending		
9	Participation on a Data		
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options		
12	Receipt of equipment,		
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	Cochrane STI Group	I do not receive any funding, but I am the senior editor of a systematic review of partner notification strategies for STI

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: 24/11/22

Your Name: Prof Paul Flowers

Manuscript Title: Improving the sexual health of heterosexual people and men who have sex with men by preventing transmission of sexually transmitted infections and reducing undiagnosed HIV: a mixed methods programme of research

Manuscript number (if known): N/A

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)	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.)	NIHR	This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009
	No time limit for this item.		
		Time frame: past	36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR	Shaping care home COVID- testing policy: A pragmatic cluster randomised controlled trial of asymptomatic testing compared to standard care in care home staff (VIVALDI-CT) (NIHR154310)
2		NIHR	EPIToPe - Evaluating the Population Impact of Hepatitis C Direct Acting Antiviral Treatment as Prevention for People Who Inject Drugs.

		Australian Research	AMR Scapes: Building public trust in expert knowledge
		Council	on the 'superbugs' crisis.
		UKRI	A phase III prospective, interventional, cohort,
			superiority study to evaluate the benefit of rapid COVID-
			19 genomic sequencing (the COVID-19 GENOMICS UK
			project) on infection control in preventing the spread of
			the virus in United Kingdom NHS settings
		CSO	An implementation science evaluation of Scotland's first
			Heroin Assisted Treatment
		CSO	Optimising hepatitis C treatment for people who inject
			drugs: Developing a primary care-based patient pathway
		CSO	Optimising services for people at highest risk of HIV:
			developing best practice in delivering HIV Pre-Exposure
			Prophylaxis (PrEP) through evaluation of early
			implementation across Scotland
3	Royalties or licenses		
_			
4	Consulting fees		
5	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert		
	testimony		
7	Cuppert for attending		
'	Support for attending meetings and/or travel		
	and any or area.		
8	Patents planned, issued or		
"	pending		
	Penalis		
9	Participation on a Data		
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	UK Gov	Co-Chair of the UK Advisory Committee on Antimicrobial
	in other board, society,		Prescribing, Resistance and Healthcare Associated
	committee or advocacy		Infection (APRHAI) sub-group 'Behavioural Interventions'
	group, paid or unpaid		7 0.55
	J 171 3 3 7 Page		
11	Stock or stock options		
12	Receipt of equipment,		
	materials, drugs, medical		

	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests	Scottish gov	Scottish Government's COVID-19 Advisory Sub-Group on
			Education and Children's Issues
		Scottish gov	Scottish Government's COVID-19 Advisory Sub-Group on
			Universities and Colleges

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:	11/3/2022
Your Name:	Andrew Copas
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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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	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 RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months	Institution Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

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

Date:		-	11/8/2022		
Your Name:		-	Tracy Roberts		
Manuscript Title:			Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy		
Mai	nuscript Number (if k	known):	RP-PG-0614-20009		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the mar e in doubt os/activitie nsion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
		relations	hip or indicate none (add rows as needed) Time frame: Since the initial planning		
1	All support for the present manuscript (e.g., funding, provision of study materials,	□ No	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	NIHR RF	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	of the work Institution	
1	present manuscript (e.g., funding, provision of study materials,	NIHR RF	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR RF	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing	Institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR RF travel, r charges	Time frame: Since the initial planning one P-PG-0614-20009 salary contribution, esearch consumables, article processing .	Institution Click the tab key to add additional rows.	

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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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
r 1	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/9/2022
Your Name:	Catherine H. Mercer
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research
	Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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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	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months None	Institution Click the tab key to add additional rows.
3	Royalties or licenses	None None	

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

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

Date: 21st June 2021

Your Name: John Saunders

Manuscript Title: Improving the sexual health of heterosexual people and men who have sex with men by preventing transmission of sexually transmitted infections and reducing undiagnosed HIV: a mixed methods programme of research

Manuscript number (if known): N/A

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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)
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial	Planning of the work This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009
	medical writing, article processing charges, etc.) No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	Co-Investigator Programme Grant NIHR200856 Improving care for people with sexually transmitted infections (STIs) in a digital NHS
	item #1 above).	Scottish CSO	Co-Investigator Scottish government health directorates research grant Optimising services for people at highest risk of HIV: developing best practice in delivering HIV Pre-Exposure Prophylaxis (PrEP) through evaluation of early implementation across Scotland
		NIHR	Co-Investigator Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections
3	Royalties or licenses		
4	Consulting fees		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or		
6	educational events Payment for expert testimony		
7	Support for attending meetings and/or travel	British HIV Association/ British Association for Sexual Health and HIV	Conference attendance registration 2019,2020,2021
8	Patents planned, issued or pending		
9	Participation on a Data		

	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	British Association for Sexual Health and HIV	Non-financial Member of National Audit Group and Bacterial Special Interest Group
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests		

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

Date:	11/15/2022
Your Name:	Rak NANDWANI
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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.,	□ None NIHR RP-PG-0614-20009 salary contribution,	Institution
	funding, provision of study materials, medical writing,	travel, research consumables, article processing charges.	Institution
	article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Scottish Government Chief Scientist's Officer (CSO) "Optimising Services for People at Highest Risk Of HIV: Developing Best Practice In Delivering HIV Pre-Exposure Prophylaxis (PrEP) Through Evaluation Of Early Implementation Across	Institution. 24 months from Dec 2017 to Dec 2019.
		Scotland", Grant reference number: HIPS/17/47. Salary contribution, travel.	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	□ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid	Public Health Scotland Glasgow Caledonian University University of Glasgow	Personal. Non-executive director on Board. From 1 April 2020 when organisation established. Unpaid. Honorary Professor from 1 April 2022 Unpaid. Honorary Clinical Associate Professor to March 2022. Honorary Senior Research Fellow from April 2022.
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	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/8/2022		
Your Name:	Christian L. Althaus		
Manuscript Title:	[Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy		
Manuscript Number (if known): RP-PG-0614-20009			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the			

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

		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	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.	travel, conference fee, research consumables, article processing charges.	Institution Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	11/4/2022
Your Name:	Oliver Stirrup
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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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	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months None	Institution Click the tab key to add additional rows.
3	Royalties or licenses	None None	

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

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

Date:	11/4/2022
Your Name:	Merle Symonds
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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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	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 RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months	Institution Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

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

Date:	11/3/2022
Your Name:	Alison Howarth
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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

ľ		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	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 RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months	University College London Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

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

Your Name: Anne Johnson

Manuscript Title: Improving the sexual health of heterosexual people and men who have sex with men by preventing transmission of sexually transmitted infections and reducing undiagnosed HIV: a mixed methods programme of research

Manuscript number (if known): N/A

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

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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	NIHR	This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	26 manths
2	Grants or contracts from any	rime frame: past	50 Monuis
	entity (if not indicated in item #1 above).		

3	Royalties or licenses		
_			
4	Consulting fees		
5	Payment or honoraria for		
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert		
	testimony		
7	Support for attending		
	meetings and/or travel		
8	Patents planned, issued or		
	pending		
9	Participation on a Data		
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options		
12	Receipt of equipment,		
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	President, Academy of	
	financial interests	Medical Sciences	

X certify that h	have answered every question and have not altered the wording of any of the questi	ons on this
form.		

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

Date:	11/7/2022
Your Name:	Dr Chidubem Okeke Ogwulu
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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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	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months None	Institution Click the tab key to add additional rows.
3	Royalties or licenses	None None	

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

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

Date:	1/19/2023
Your Name:	Maria Pothoulaki
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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

		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	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 RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months	Glasgow Caledonian University Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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

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

Date:	11/10/2022
Your Name:	Gabriele Vojt
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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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	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 RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. Time frame: past 36 months	Institution Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

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

Date:	11/3/2022
Your Name:	Dr Sonali Wayal
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009
In the interest of transparency, w	e ask you to disclose all relationships/activities/interests listed below that are related to the

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

			relationship or indicate none (add rows as needed)	made to you or to your institution)
			Time frame: Since the initial planning	of the work
		All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None NIHR RP-PG-0614-20009 salary contribution.	University College London Click the tab key to add additional rows.
		charges, etc.) No time limit for this item.		
			Time frame: past 36 month	S
	2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
-	3	Royalties or licenses	None Non	

Commented [SW1]: Claudia is it right for me to say that this project contributed a bit towards my salary during my time at UCL? If not please feel free to tweak the text as appropriate

1 12/13/2021 ICMJE Disclosure Form

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	⊠ None	
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:

 $oxed{\square}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	11/8/2022
Your Name:	Susie Brice
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/22/2022
Your Name:	Alex Comer-Schwartz
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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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	of the work
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3	Royalties or licenses	None None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	:e:	11/7/2022		
Υοι	ur Name:	Anna Tostevin	Anna Tostevin	
Manuscript Title:		Improving sexual health through partner notification Programme including RCT of Accelerated Partner Th		
Ma	nuscript Number (if k	known):RP-PG-0614-20009		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.		ofit third parties whose interests may be asparency and does not necessarily at it is preferable that you do so. If your manuscript pertains to the		
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript without tine past 36 months.	me limit. For all other items, the time	
i				
	_		cations/Comments (e.g., if payments were to you or to your institution)	
			to you or to your institution)	
1	All support for the	relationship or indicate none (add rows as needed) made	to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) made to the initial planning of the way.	to you or to your institution) ork	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relationship or indicate none (add rows as needed) made to Time frame: Since the initial planning of the work. None NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges.	to you or to your institution) ork	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) made to Time frame: Since the initial planning of the work. None NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges.	ork	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed) made to Time frame: Since the initial planning of the work. None NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges.	ork	

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□ None

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4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	11/8/2022
Your Name:	Eleanor Williams
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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		Time frame: Since the initial planning of	of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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

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

Date:	11/9/2022
Your Name:	Sarah Lasoye
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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3	Royalties or licenses	None None	

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	11/7/2022
Your Name:	Jean McQueen
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy
Manuscript Number (if known):	RP-PG-0614-20009

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3	Royalties or licenses	None None	

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

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/8/2022	
Your Name:	Zainab Abdali	
Manuscript Title:	Improving sexual health through partner notification: the LUSTRUM mixed methods research Programme including RCT of Accelerated Partner Therapy	
Manuscript Number (if known):	RP-PG-0614-20009	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date: 29th June 2021

Your Name: Professor Jackie Cassell

Manuscript Title: Improving the sexual health of heterosexual people and men who have sex with men by preventing transmission of sexually transmitted infections and reducing undiagnosed HIV: a mixed methods programme of research

Manuscript number (if known): N/A

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		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	This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009	
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2	Grants or contracts from any entity (if not indicated in	UKRI	Research on household risk of Covid – payment to institutions
	item #1 above).	NIHR	Applied Research Collaboration Kent Surrey Sussex – payment to institution
		NIHR	Research Design Service – payment to institution
		Non-executive Director	Payment to self
		University Hospitals Sussex	,
		(previously Brighton and	
		Sussex University NHS	
		Trust)	
3	Royalties or licenses	None	
	,		
4	Consulting fees	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	NIHR	Travel in relation to Programme Grant for Applied
	meetings and/or travel		Research Grant RP-PG-0614-20009
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	NIHR	VITAE study, chair of Trial Steering Committee (no
	Safety Monitoring Board or		payment)
	Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of the control of the contr	News	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	Editor in Chief	DMI Savually Transmitted Infactions issured honorarium
13	financial interests	Euitor in Chiel	BMJ Sexually Transmitted Infections journal, honorarium paid
	inialiciai interests	NIHR/UKRI panel	Payment to self
		memberships	i ayment to sen
		Health Research Board	Payment to self
		Ireland panel membership	r ayment to sen

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