

ICMJE DISCLOSURE FORM

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 current manuscript only.

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

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

| | | 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 | This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009 |
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| 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 | |
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| | | | |
| 6 | Payment for expert testimony | ___ None | |
| | | | |
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| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 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 | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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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.

ICMJE DISCLOSURE 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

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.

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

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

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| 3 | Royalties or licenses | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | |
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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 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

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

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

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

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|---|--|---|---|-------------|--|--|---|--|
| 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. | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIHR RP-PG-0614-20009 travel, research consumables, article processing charges.</td> <td style="width: 40%;">Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR RP-PG-0614-20009 travel, research consumables, article processing charges. | Institution | | | Click the tab key to add additional rows. | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
| | | University College London | Payments received directly from institution. |
| | | Central and North West London Foundation Trust. | Payments received directly from institution. |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 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.

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| 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 Payments from this funder are made to my institution |
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| Time frame: past 36 months | | | |
| 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. |
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| 3 | Royalties or licenses | | |
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| 4 | Consulting fees | | |
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| 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.

ICMJE DISCLOSURE 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

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| 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. |

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| | | Australian Research Council | AMR Scapes: Building public trust in expert knowledge 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 | | |
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| 4 | Consulting fees | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | UK Gov | Co-Chair of the UK Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infection (APRHA) sub-group 'Behavioural Interventions' |
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| 11 | Stock or stock options | | |
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| 12 | Receipt of equipment, materials, drugs, medical | | |
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| | 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.

ICMJE DISCLOSURE 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

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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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: 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

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.

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

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

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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: 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

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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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: 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

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 current manuscript only.

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

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

| | | 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 | This body of work was funded under a Programme Grant for Applied Research Grant RP-PG-0614-20009 |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | NIHR | Co-Investigator Programme Grant NIHR200856 Improving care for people with sexually transmitted infections (STIs) in a digital NHS |
| | | 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 | | |
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| 4 | Consulting fees | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
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| 6 | 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 |
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| 8 | Patents planned, issued or pending | | |
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| 9 | Participation on a Data | | |

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| | 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 | | |

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: 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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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| 10 | Leadership or fiduciary role in other board, | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 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 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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 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

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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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: 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

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

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

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

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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: 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

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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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

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 current manuscript only.

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

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| 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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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.

ICMJE DISCLOSURE FORM

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

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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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: 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

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

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

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

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ICMJE DISCLOSURE FORM

Date: 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

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

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ICMJE DISCLOSURE FORM

Date: 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, 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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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: 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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 11/7/2022

Your Name: Anna Tostevin

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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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 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

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

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

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

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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: 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

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

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ICMJE DISCLOSURE FORM

Date: 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

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

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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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) |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 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

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

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

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

| | | 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. | <input type="checkbox"/> None | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges.</td> <td style="width: 40%;">University of Birmingham</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR RP-PG-0614-20009 salary contribution, travel, research consumables, article processing charges. | University of Birmingham | | | Click the tab key to add additional rows. | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

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

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

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 current manuscript only.

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

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

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|---|--|--|--|
| 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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| Time frame: past 36 months | | | |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | UKRI | Research on household risk of Covid – payment to institutions |
| | | NIHR | Applied Research Collaboration Kent Surrey Sussex – payment to institution |
| | | NIHR | Research Design Service – payment to institution |
| | | Non-executive Director University Hospitals Sussex (previously Brighton and Sussex University NHS Trust) | Payment to self |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
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| | | | |
| 6 | Payment for expert testimony | None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | NIHR | Travel in relation to Programme Grant for Applied Research Grant RP-PG-0614-20009 |
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| 8 | Patents planned, issued or pending | None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | NIHR | VITAE study, chair of Trial Steering Committee (no payment) |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | | |
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| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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| 13 | Other financial or non-financial interests | Editor in Chief | BMJ Sexually Transmitted Infections journal, honorarium paid |
| | | NIHR/UKRI panel memberships | Payment to self |
| | | Health Research Board Ireland panel membership | Payment to self |

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.