ICMJE DISCLOSURE FORM

Date:_____26/08/21_____
Your Name:_____Richard Adams_____
Manuscript Title:____ Early switch to oral antibiotic therapy in patients with low risk neutropenic sepsis (The EASI-SWITCH Trial)
Manuscript number (if known):__ 13/140/05

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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra Zeneca	Academically led clinical trial – funds to institution
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3	Royalties or licenses	____ None	

4	Consulting fees	Bayer	Personal fees
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6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	Servier	
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8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ 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	

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