

## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021  
 Your Name: Prof Jim Briggs  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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|----|--|-------------------------------|--|
| 4  | Consulting fees  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 7  | Support for attending meetings and/or travel   | Wilmington Healthcare Ltd     | Provision of free accommodation and payment of travel expenses by organisers for speaking at the Patient Safety Congress, Manchester, September 2021 |
|    |  |                               |  |
|    |  |                               |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | NIHR                          | Member of a Artificial Intelligence in Health and Care Award panel   |
|    |  |                               |  |
|    |  |                               |  |
| 11 | Stock or stock options   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 13 | Other financial or non-financial interests   | <input 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: 14<sup>th</sup> October 2021  
 Your Name: Katharina Kostakis  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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

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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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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
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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 type="checkbox"/> None |  |
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021  
 Your Name: Paul Meredith  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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)  |
|---|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |  |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |  |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03. Funds were paid to my employer, Portsmouth Hospitals University NHS Trust. |
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| <b>Time frame: past 36 months</b>                         |  |  |  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |  |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |  |
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| 4  | Consulting fees  | <input type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
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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 type="checkbox"/> None |  |
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## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021

Your Name: Chiara Dall'Ora

Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient

Manuscript number (if known): 17/05/03

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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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | NIHR   | Received grants to fund my research from the NIHR HS&DR programme (award: NIHR128056) and the NIHR Programme Development Grants (award: NIHR200100) and the NIHR ARC Wessex |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |

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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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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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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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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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## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021  
 Your Name: Julie Darbyshire  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03  |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   |  | University of Oxford salary additionally supported by a number of research grants 2018-2021: <ul style="list-style-type: none"> <li>• NIHR BRC <i>ref:</i> BRC-1215-2008</li> <li>• NIHR HTA <i>ref:</i> 17/71/04</li> <li>• NIHR RfPB <i>ref:</i> PB-PG-0613-31034</li> <li>• Wellcome Trust <i>ref:</i> 221514/2/20/2</li> <li>• Wellcome Trust/Dept of Health <i>ref:</i> HICF-R9-524</li> </ul> |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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

## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021

Your Name: Stephen Gerry

Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient

Manuscript number (if known): 17/05/03

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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input type="checkbox"/> None |  |
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|    |  |                               |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
|    |  |                               |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
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|    |  |                               |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
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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 |  |
|    |  |                               |  |
|    |  |                               |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> None |  |
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## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021  
 Your Name: Peter Griffiths  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | NIHR   | My employer receives funding from the NIHR across a range of research projects on which I am a named investigator and a personal award as an NIHR senior investigator. Some of this research work is related to vital signs observations. |
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|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |

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

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

**form.**

## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021

Your Name: Dr Joanna Hope

Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient

Manuscript number (if known): 17/05/03

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
|   |  |  |   |
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|   |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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|----|--|-------------------------------|--|
| 4  | Consulting fees  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 11 | Stock or stock options   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 13 | Other financial or non-financial interests   | <input 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: 14<sup>th</sup> October 2021  
 Your Name: JEREMY JONES  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
|    |  |                               |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
|    |  |                               |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
|    |  |                               |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 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 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: 14<sup>th</sup> October 2021

Your Name: Caroline

Kovacs

Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient

Manuscript number (if known): 17/05/03

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | ___ None   |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | _x_ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | _x_ None   |   |
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|    |  |                               |  |
| 4  | Consulting fees  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 11 | Stock or stock options   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 13 | Other financial or non-financial interests   | <input 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: 14<sup>th</sup> October 2021  
 Your Name: Robert Lawrence  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 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: 14<sup>th</sup> October 2021

Your Name: David

Prytherch

Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient

Manuscript number (if known): 17/05/03

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**.

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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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | ___ None   |   |
|   |  | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03    |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | _x_ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | _x_ None   |   |
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|    |  |                               |  |
| 4  | Consulting fees  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
|    |  |                               |  |
|    |  |                               |  |
| 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 |  |
|    |  |                               |  |
|    |  |                               |  |
| 13 | Other financial or non-financial interests   | <input 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: 05/10/2021

Your Name: Peter Watkinson

Manuscript Title: FOBS

Manuscript number (if known): \_\_\_\_\_

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

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | NIHR   | Institution   |
|   |  | Sensyne Health   | Institution   |
|   |  | NIHR Biomedical Research Centre, Oxford  | Institution   |
|   |  | Wellcome   | Institution   |
| 3   | Royalties or licenses  | Sensyne Health   | Personal  |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |

|    |  |  |  |
|----|--|--|--|
|    |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | NIHR i4i PDA A Committee 2018-<br>HTA EESC Methods Group 2014-2017<br>HTA Prioritisation Committee B (In hospital) 2018-2019<br>HTA EESC Panel 2013-2018   | Unpaid/travel expenses<br>Unpaid/travel expenses<br>Unpaid/travel expenses<br>Unpaid/travel expenses                                   |
| 6  | Payment for expert testimony   | ____ None  |  |
| 7  | Support for attending meetings and/or travel   | ____ None  |  |
| 8  | Patents planned, issued or pending   | Method and apparatus for designing a course of treatment<br>Method and Data Processing Apparatus for Generating Real-Time Alerts for a Patient<br>Method and Apparatus for Monitoring a Patient<br>Method and Apparatus for Subtyping Subjects based on Phenotypic Information<br>Method and Apparatus for Classifying Subjects based on Time Series Phenotypic Data | W02020008214 2020<br>GB 182004.8. WO2020115487.8, 2020<br>GB 1817708.9. WO2020089576, 2020<br>GB 1807308.0, 2018<br>GB 1807307.2, 2018 |
| 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  |  |
| 11 | Stock or stock options   | Sensyne Health   |  |
| 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.

## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> October 2021  
 Your Name: Oliver Redfern  
 Manuscript Title: Safer and more efficient vital signs monitoring to identify the deteriorating patient  
 Manuscript number (if known): 17/05/03

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)  |
|---|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |  |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | NIHR   | The work was funded by a grant from the NIHR HS&DR programme, reference 17/05/03   |
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| <b>Time frame: past 36 months</b>                         |  |  |  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | Sensyne Health   | Since June 2018, I have been employed by the University of Oxford. My university position has been supported by a Drayson (now Sensyne Health) Research Fellowship. I have not undertaken any consultancy or other paid work for Sensyne Health. |
|   |  | Wellcome Trust/Department of Health  | I am a study team member of the HAVEN study (ISRCTN12518261), which until 31 <sup>st</sup> October 2019 was funded by the Wellcome Trust and UK Department of Health   |

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|    |  | NIHR Oxford Biomedical Research Centre | I am a study team member of the HAVEN (ISRCTN12518261) and REBLEED studies which are supported by the NIHR Oxford Biomedical Research Centre  |
|    |  | NIHR                                   | I have been or am currently a co-investigator/study team member on the following NIHR-funded studies: <ul style="list-style-type: none"> <li>• “Predicting AF after Cardiac Surgery - the PARADISE Score A Clinical Prediction Rule for Post-operative Atrial Fibrillation in Patients Undergoing Cardiac Surgery” study (NIHR131227)</li> <li>• Critical care Atrial Fibrillation Evaluation (17/71/04)</li> </ul> |
| 3  | Royalties or licenses  | <input type="checkbox"/> None          |   |
| 4  | Consulting fees  | <input type="checkbox"/> None          |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None          |   |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None          |   |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None          |   |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None          |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | Study oversight group member           | Since March 2021, I have been a member of the study oversight group for the University of Southampton study: Consequences, costs and cost-effectiveness of different workforce configurations in English acute hospitals: a longitudinal retrospective study using routinely collected data (NIHR128056)  |
| 10 | Leadership or fiduciary role in other board, society,  | <input type="checkbox"/> None          |   |

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|    | committee or advocacy group, paid or unpaid                                      |  |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> 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.