Date:		1/18/2023			
Your Name:		Steve Goodacre	Steve Goodacre		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Mar	nuscript Number (if k	nown): Click or tap here to enter text.			
con affe indi	tent of your manuscri cted by the content o cate a bias. If you are author's relationship demiology of hyperter	rency, we ask you to disclose all relationships/activition in the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity is/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned in the manuscript.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.		
In item #1 below, report all suppo frame for disclosure is the past 36		all support for the work reported in this manuscript we past 36 months.	rithout time limit. For all other items, the time		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relationship or indicate none (add rows as needed)	made to you or to your institution)		
		relationship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present		made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) of the work Funding to employing institution		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) of the work Funding to employing institution		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) of the work Funding to employing institution Click the tab key to add additional rows.		
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None Funded by National Institute for Health Research Health Technology Assessment Programme	made to you or to your institution) of the work Funding to employing institution Click the tab key to add additional rows.		

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indicated in item #1 above).

⊠ None

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)			
11	Stock or stock options	None None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None			
13	Other financial or non-financial interests	HTA PCCPI Methods Group 01/01/2018 - 31/12/2020 HTA Prioritisation Committee B Methods Group 01/09/2020 - 31/12/2020 HTA Prioritisation Committee A Methods Group 27/11/2018 03/09/2020 HTA Post-Funding Committee teleconference (POC members to attend) 01/04/2012 - 31/12/2020 HTA Funding Committee Policy Group (formerly CSG) 15/12/2008 - 31/12/2020 HTA Commissioning Committee 03/12/2018 - 30/11/2020			
Plea	Please place an "X" next to the following statement to indicate your agreement:				
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

3 12/13/2021 ICMJE Disclosure Form

Date:			2/23/2023		
Your Name:			Laura Sutton		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Maı	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the man e in doubt s/activition ension, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were	
		relations	silip of illulcate florie (add rows as fleeded)	made to you or to your institution)	
		Telations	Time frame: Since the initial planning		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ N o			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	□ N o	Time frame: Since the initial planning one by National Institute for Health Research	of the work Funding to employing institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ N o	Time frame: Since the initial planning one by National Institute for Health Research	Funding to employing institution Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded Health	Time frame: Since the initial planning one I by National Institute for Health Research Technology Assessment Programme	Funding to employing institution Click the tab key to add additional rows.	

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

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

Date:			1/23/2023		
Your Name:			Kate Ennis		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in double The author's relationships/activities		ript. "Rela of the man e in doubt os/activition	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
that	medication is not m	entioned	in the manuscript.		
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	[□ No	one		
	manuscript (e.g., funding, provision of study materials,	1 '	by National Institute for Health Research Technology Assessment Programme	Funding to employing institution	
	medical writing,			Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Ne	one		
3	Royalties or licenses	⊠ No	one		

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

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

Date:		2/24/2023			
Your Name:		Benjamin David Thomas	Benjamin David Thomas		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Ma	nuscript Number (if k	known): Click or tap here to enter text.			
con affe indi The epid	tent of your manuscri ected by the content of cate a bias. If you are author's relationship demiology of hyperter	rency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activitors/activities/interests should be defined broadly. For nsion, you should declare all relationships with manuentioned in the manuscript.	not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the		
		all support for the work reported in this manuscript e past 36 months.	without time limit. For all other items, the time		
		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)		
			made to you or to your institution)		
1	All support for the present	relationship or indicate none (add rows as needed)	made to you or to your institution)		
1	present manuscript (e.g., funding, provision	relationship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) g of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relationship or indicate none (add rows as needed) Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) g of the work Funding to employing institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) g of the work Funding to employing institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed) Time frame: Since the initial planning None Funded by National Institute for Health Research	made to you or to your institution) g of the work Funding to employing institution Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None Funded by National Institute for Health Research Health Technology Assessment Programme	made to you or to your institution) g of the work Funding to employing institution Click the tab key to add additional rows.		

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

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

Date:			2/6/2022		
Your Name:			Olivia Hawksworth		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt. The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned."		ipt. "Rela of the mar e in doubt s/activition nsion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
		relations	thip or indicate none (add rows as needed) Time frame: Since the initial planning		
1	All support for the present manuscript (e.g., funding, provision	□ No			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ No	Time frame: Since the initial planning one by National Institute for Health Research	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	□ No	Time frame: Since the initial planning one by National Institute for Health Research	of the work Funding to employing institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ No	Time frame: Since the initial planning one by National Institute for Health Research	of the work Funding to employing institution Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded Health	Time frame: Since the initial planning one by National Institute for Health Research Technology Assessment Programme	of the work Funding to employing institution Click the tab key to add additional rows.	

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

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

Date:		1/31/2023			
Your Name:		Khurram Iftikhar	Khurram Iftikhar		
Manuscript Title:		Prehospital early warning scores for adults cohort and decision-analytic modelling students	with suspected sepsis: The PHEWS observational		
Mai	nuscript Number (if kno	Click or tap here to enter text.			
con affe	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.				
epic	demiology of hypertensi	activities/interests should be defined broadly. For eon, you should declare all relationships with manuf tioned in the manuscript.			
In item #1 below, report all support for the work reported in this manuscript without time frame for disclosure is the past 36 months.			rithout time limit. For all other items, the time		
	NI.	ame all entities with whom you have this			
		elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		-	made to you or to your institution)		
1	All support for the [elationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	lationship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning None None None	made to you or to your institution) of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning None None None	made to you or to your institution) of the work Funding to employing institution		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None None None	made to you or to your institution) of the work Funding to employing institution Click the tab key to add additional rows.		

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

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

Dat	e:	-	1/19/2022		
Your Name:		-	Dr Susan Croft		
Manuscript Title:		<u>-</u>	Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
-	demiology of hypertel t medication is not me	-		acturers of antihypertensive medication, even if	
	em #1 below, report me for disclosure is th		·	ithout time limit. For all other items, the time	
			entities with whom you have this hip 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		Time frame: Since the initial planning one	of the work	
1	present manuscript (e.g., funding, provision	Funded		of the work Funding to employing institution	
1	present manuscript (e.g.,	Funded	by National Institute for Health Research		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Funded	by National Institute for Health Research	Funding to employing institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Funded	by National Institute for Health Research	Funding to employing institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded	by National Institute for Health Research	Funding to employing institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Funded Health	by National Institute for Health Research Technology Assessment Programme	Funding to employing institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Funded Health	by National Institute for Health Research Technology Assessment Programme Time frame: past 36 month	Funding to employing institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Funded Health	by National Institute for Health Research Technology Assessment Programme Time frame: past 36 month	Funding to employing institution Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Paid EM expert advisor for Welsh Ombudsman	Payments ad hoc (per case) paid to my company, Lilac Medical
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Co-opted EM advisor on NICE sub arachnoid haemorrhage committee	No payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:	1/20/2023
Your Name:	Dr Gordon Fuller
Manuscript Title:	PHEWS: Pre-Hospital Early Warning scores for Sepsis study
Manuscript Number (if known):	Click or tap here to enter text.

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 o	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.	Sepsis study	National Institute for Health Research Health Technology Assessment (NIHR HTA) Programme (project number 17/136/10) Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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

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

Date:		2/1/2023					
Your Name: Manuscript Title:		Simon Waterhouse	Simon Waterhouse				
			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study				
Mar	Manuscript Number (if known): Click or tap here to enter text.						
cont affe	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.						
epic	lemiology of hyperten	s/activities/interests should be defined broadly. For e sion, you should declare all relationships with manufa ntioned 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 till frame for disclosure is the past 36 months.			ithout time limit. For all other items, the time				
		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				
	All support for the	□ None					
	funding, provision						
	manuscript (e.g., funding, provision	Funded by National Institute for Health Research Health Technology Assessment Programme	Funding to employing institution				
	manuscript (e.g., funding, provision of study materials, medical writing,		Funding to employing institution Click the tab key to add additional rows.				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing						
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for						
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Health Technology Assessment Programme	Click the tab key to add additional rows.				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not		Click the tab key to add additional rows.				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Health Technology Assessment Programme Time frame: past 36 months	Click the tab key to add additional rows.				

Royalties or

licenses

⊠ None

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

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

Date:			1/20/2023		
Your Name:			Daniel Hind		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the ma		ipt. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	-	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	Funded	by National Institute for Health Research Technology Assessment Programme	Funding to employing institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Funded	by National Institute for Health Research		
1	present manuscript (e.g., funding, provision of study materials,	Funded	by National Institute for Health Research	Funding to employing institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded	by National Institute for Health Research	Funding to employing institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded Health	by National Institute for Health Research Technology Assessment Programme	Funding to employing institution Click the tab key to add additional rows.	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	HTA Fast Track Committee membership June 2021			
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

ICMJE DISCLOSURE FORM				
Date:	1/23/2023			
Your Name:	Dur Name: Matt Stevenson			
Manuscript Title:	, ,	Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Manuscript Number (if kn	own): Click or tap here to enter text.			
content of your manuscrip affected by the content of indicate a bias. If you are i The author's relationships, epidemiology of hypertens that medication is not men	I support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	lame all entities with whom you have this elationship 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				

		relationship or indicate none (add rows as needed)	made to you or to your institution)				
	Time frame: Since the initial planning of the work						
1 All support for the present		None					
	manuscript (e.g., funding, provision of study materials,	Funded by National Institute for Health Research Health Technology Assessment Programme	Funding to employing institution				
	medical writing, article processing		Click the tab key to add additional rows.				
	charges, etc.) No time limit for this item.						
		Time frame: past 36 month	s				
2	Grants or contracts from	☑ None					
	any entity (if not indicated in item #1 above).						
3	Royalties or licenses	None Non					

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

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

Date:			1/20/2023		
Your Name:			Mike Bradburn		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ript. "Rela of the ma re in doub ps/activiti	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the		
-	iemiology of hyperte medication is not m	-		acturers of antihypertensive medication, even if	
				ithout time limit. For all other items, the time	
			ll entities with whom you have this ship 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	
	All support for the present manuscript (e.g., funding, provision	Funded	by National Institute for Health Research Technology Assessment Programme	Funding to employing institution	
	of study materials, medical writing, article processing			Click the tab key to add additional rows.	
charges, etc.) No time limit for this item.					
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	N-	one		
3	Royalties or licenses	⊠ No	one		

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None HTA Commissioning Committee membership 03/01/2022 – 30/09/2026		
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:	1/26/2023				
Your Name:	Michael A Smyth				
Manuscript Title:	Prehospital early warning scores for adults v cohort and decision-analytic modelling stud	with suspected sepsis: The PHEWS observational y			
Manuscript Number (if kno	Own): Click or tap here to enter text.				
content of your manuscript affected by the content of t indicate a bias. If you are in The author's relationships/ epidemiology of hypertensit that medication is not men	support for the work reported in this manuscript wi	ot-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so. Example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
	Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)				
16	Time frame: Since the initial planning of				
1 All support for the	None	of the work—			

		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	□ None	
	manuscript (e.g., funding, provision	Funded by National Institute for Health Research Health Technology Assessment Programme	Funding to employing institution
	of study materials, medical writing, article processing		Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 month	ns
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	National Institute for Health and Care Research	PACKMaN study – RCT ketamine vs morphine. Funding to institution. NOT related to PHEWS
	#1 above).	National Institute for Health and Care Research	PROTECTED study – termination of resuscitation decisions. Funding to institution. NOT related to PHEWS
3	Royalties or licenses	None ■ None None	

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

			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	-		llowing statement to indicate your agreeme	

Dat	Date: 1/20/2023				
Your Name:			Gavin D Perkins		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Manuscript Number (if known): Click or tap here to enter text.					
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.				ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
	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.				
			entities with whom you have this hip 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	[□ No	Time frame: Since the initial planning one	of the work	
1	present manuscript (e.g., funding, provision	Funded		of the work Paid to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Funded	by National Institute for Health Research		
1	present manuscript (e.g., funding, provision of study materials,	Funded	by National Institute for Health Research	Paid to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded	by National Institute for Health Research	Paid to institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded Health 1	by National Institute for Health Research Fechnology Assessment Programme	Paid to institution Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Membership of NIHR HTA Clinical Effectiveness Board, NIHR Clinical Trials Advisory Committee, NIHR Academy Resuscitation Council UK European Resuscitation Council International Liaison Committee on Resuscitation	Reimbursement of travel expenses Reimbursement of travel expenses Reimbursement of travel expenses Reimbursement of travel expenses
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Honorary membership Intensive Care Society Resuscitation Council UK European Resuscitation Council International Liaison Committee on Resuscitation	Not applicable Reimbursement of travel expenses Reimbursement of travel expenses Reimbursement of travel expenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Membership of NIHR HTA Clinical Effectiveness Board, NIHR Clinical Trials Advisory Committee, NIHR Academy, NIHR CTU Standing Advisory Committee, NIHR HTA Clinical Evaluation and Trials Committee, Covid-19 Reviewing - 01/06/2020 - 30/09/2020 Elsevier	Unpaid Honorarium for editorial roles for Resuscitation and Resuscitation Plus journals
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	Date: 1/18/2023				
Your Name:		_	Mark Millins		
Manuscript Title:		_	Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Ma	nuscript Number (if kn	nown):	Click or tap here to enter text.		
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 material 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 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			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
trar	ne for disclosure is the	e past 36	montns.		
			entities with whom you have this hip 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.,			8	of the work	
1	present manuscript (e.g.,	Funded	by National Institute for Health Research	Funding to employing institution.	
1	present manuscript (e.g., funding, provision of study materials,	Funded	one		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Funded	by National Institute for Health Research		
1	present manuscript (e.g., funding, provision of study materials,	Funded	by National Institute for Health Research	Funding to employing institution.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded	by National Institute for Health Research	Funding to employing institution. Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funded Health T	by National Institute for Health Research Fechnology Assessment Programme	Funding to employing institution. Click the tab key to add additional rows.	

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

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

Dat	e:		2/1/2023		
Your Name: Andy Rosser			Andy Rosser		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to to content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may 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 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.			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			entities with whom you have this hip 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	[□ No	one		
	manuscript (e.g., funding, provision		by National Institute for Health Research Technology Assessment Programme	Funding to employing institution	
	of study materials, medical writing,			Click the tab key to add additional rows.	
	article processing			Click the tab key to add additional lows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

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

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

Date:			1/20/2023		
Your Name:			Dr Jon M Dickson		
Manuscript Title:			Prehospital early warning scores for adults with suspected sepsis: The PHEWS observational cohort and decision-analytic modelling study		
Ma	nuscript Number (if kn	nown):	Click or tap here to enter text.		
con affe	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.				
epi		sion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	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.				
			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
				made to you or to your institution)	
1	All support for the	relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision	relations	thip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g.,	relations	Time frame: Since the initial planning one by National Institute for Health Research	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	relations	Time frame: Since the initial planning one by National Institute for Health Research	made to you or to your institution) of the work Funding to employing institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations	Time frame: Since the initial planning one by National Institute for Health Research	made to you or to your institution) of the work Funding to employing institution Click the tab key to add additional rows.	

Royalties or

licenses

⊠ None

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

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

Date:			2/28/2023		
Your Name:			Matthew Wilson		
Manuscript Title:			PHEWS		
Manuscript Number (if known):			Not known		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned all suppor	rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip 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.	l I	icant PHEWS	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		PB AFAR Atrial Fibrillation after Resection		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Travel expenses: Faculty of Pain Medicine, Royal College of Anaesthetists: Invited Speaker	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	DMC member "Result-Hip" trial	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Immediate past Grants Officer, National Institute of Academic Anaesthesia: ends March 2023	

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