ICMJE DISCLOSURE FORM

Date: 1/10/2022

Your Name: Daniel Hind

Manuscript Title: An evidence synthesis and cost-effectiveness study of Venous ThromboEmbolism riskAssessment Models for hospital inpatients

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 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.**	☒ None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Salary and project costs funded by NIHR HTA NIHR127454	Payments to University of Sheffield
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
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7	Support for attending meetings and/or travel	☒ **None**	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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		Member of the NIHR HTA Clinical Evaluation and Trials Committee, and NIHR HTA Fast Track Committee.	

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **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.