

## ICMJE DISCLOSURE FORM

**Date:** 9/10/2023

**Your Name:** Elsbeth Anne Guthrie

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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   |  |  |  |   |  |  |   |  |  |  |   |  |
| <b>1</b>   | 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"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes HS &amp;DR 13/58/08</td> <td style="width: 40%;">Payments via the institution to support % of salary</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>   | LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes HS &DR 13/58/08 | Payments via the institution to support % of salary |  |  | Click the tab key to add additional rows.                                     |  |  |  |   |  |
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| Click the tab key to add additional rows.  |  |  |  |   |  |  |   |  |  |  |   |  |
| Time frame: past 36 months   |  |  |  |   |  |  |   |  |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">NIHR PfAR Functional replacement in repeated self-harm RP-PG-1016-2005 £2,475,223</td> <td style="width: 40%;">payments via institution to support % of salary</td> </tr> <tr> <td>NIHR-HTA Management of diarrhoea in patients with stable ulcerative colitis HTA 17/33 £1,501,813</td> <td>Payment via institution to support % of salary</td> </tr> <tr> <td>NIHR RfPB Community outpatient psychotherapy engagement service RfPB £253,707</td> <td>Payment via institution to support % of salary</td> </tr> <tr> <td>NIHR HTA The self-harm, assessment, formulation, engagement trial of psychodynamic-interpersonal therapy HTA 13/13/34 £2,030,552</td> <td>Payment via institution to support % of salary</td> </tr> <tr> <td>NIHR HS &amp;DR Frequent users of the emergency department HS &amp;DR 132852 £1,327,195</td> <td>Payment via institution to support % of salary</td> </tr> </table> | NIHR PfAR Functional replacement in repeated self-harm RP-PG-1016-2005 £2,475,223  | payments via institution to support % of salary     | NIHR-HTA Management of diarrhoea in patients with stable ulcerative colitis HTA 17/33 £1,501,813 | Payment via institution to support % of salary | NIHR RfPB Community outpatient psychotherapy engagement service RfPB £253,707 | Payment via institution to support % of salary | NIHR HTA The self-harm, assessment, formulation, engagement trial of psychodynamic-interpersonal therapy HTA 13/13/34 £2,030,552 | Payment via institution to support % of salary | NIHR HS &DR Frequent users of the emergency department HS &DR 132852 £1,327,195 | Payment via institution to support % of salary |
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|----------|--|---|---|
|          |  | NIHR HTA Low-dose antidepressants for the treatment of irritable bowel syndrome<br>£1,787,887.99 16/162 NIHR HTA. 2018-2022 | Payments via the institution to support % of salary                                 |
| <b>3</b> | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>   |   |
|          |  |   |   |
|          |  |   |   |
| <b>4</b> | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b>   |   |
|          |  |   |   |
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| <b>5</b> | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>   |   |
|          |  |   |   |
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| <b>6</b> | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>   |   |
|          |  |   |   |
|          |  |   |   |
| <b>7</b> | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b>   |   |
|          |  |   |   |
|          |  |   |   |
| <b>8</b> | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>   |   |
|          |  |   |   |
|          |  |   |   |
| <b>9</b> | Participation on a Data Safety   | <input checked="" type="checkbox"/> <b>None</b>   |   |

|           |   | 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) |
|-----------|---|--|---|
|           | Monitoring Board or Advisory Board  | <input type="checkbox"/>   |   |
|           |   | <input type="checkbox"/>   |   |
|           |   | <input type="checkbox"/>   |   |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |   | <input type="checkbox"/>   |   |
|           |   | <input type="checkbox"/>   |   |
|           |   | <input type="checkbox"/>   |   |
| <b>11</b> | Stock or stock options  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |   | <input type="checkbox"/>   |   |
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|           |   | <input type="checkbox"/>   |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>13</b> | Other financial or non-financial interests  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |   | <input type="checkbox"/>   |   |
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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:** 6/1/2023

**Your Name:** Allan House

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>   |   |  |  |  |  |  |  |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |

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

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## ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Chris Smith

Manuscript Title: **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

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.

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| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|   |  |  |   |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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|    |   |  |   |
|    |   |  |   |
| 7  | Support for attending meetings and/or travel  | <input checked="" type="checkbox"/> None   |   |
|    |   |  |   |
|    |   |  |   |
| 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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## ICMJE DISCLOSURE FORM

**Date:** 6/1/2023

**Your Name:** Sam Relton

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>   |   |  |  |  |  |  |  |
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|-----------|--|--|---|
|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |

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:** 1/8/2023

**Your Name:** Daniel Romeu

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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)                          |   |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b>  |  |  |  |   |  |  |  |  |  |
| <b>1</b>   | 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"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes</td> <td>% of salary paid directly to the host institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> | LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes | % of salary paid directly to the host institution |  |  | <small>Click the tab key to add additional rows.</small> |  |  |
| LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes | % of salary paid directly to the host institution  |  |  |   |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>  |  |  |  |   |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |  |   |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |  |   |  |  |  |  |  |
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| <b>4</b>   | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |  |   |  |  |  |  |  |
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| <b>5</b>   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |  |   |  |  |  |  |  |
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| <b>6</b>   | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |  |   |  |  |  |  |  |
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|----|---|--|---|
| 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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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:** 6/1/2023

**Your Name:** Sonia Saraiva

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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| Time frame: Since the initial planning of the work |  |   |            |   |  |  |   |  |
| <b>1</b>   | 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"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">LP-MAESTRO</td> <td style="width: 40%;">% of salary paid directly to the host institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | LP-MAESTRO | % of salary paid directly to the host institution |  |  | Click the tab key to add additional rows. |  |
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| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |            |   |  |  |   |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None   |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None   |   |
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| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None   |   |
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Andrew Walker

Manuscript Title: Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

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.

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|   |  | LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes HS &DR 13/58/08 | % of salary paid directly to the host institution                                   |
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|   |  | Click the tab key to add additional rows.  |   |
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|   |  |  |   |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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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| 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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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:** 1/9/2023

**Your Name:** Peter Trigwell

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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)   |            |   |  |  |   |  |
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| Time frame: Since the initial planning of the work |  |   |            |   |  |  |   |  |
| <b>1</b>   | 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"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">LP-MAESTRO</td> <td style="width: 40%;">% of salary paid directly to the host institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | LP-MAESTRO | % of salary paid directly to the host institution |  |  | Click the tab key to add additional rows. |  |
| LP-MAESTRO   | % of salary paid directly to the host institution  |   |            |   |  |  |   |  |
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| Time frame: past 36 months                         |  |   |            |   |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |            |   |  |  |   |  |
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| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |            |   |  |  |   |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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|           |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----------|--|--|---|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
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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:** 6/1/2023

**Your Name:** Robert West

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| <b>1</b>  | 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"/> <b>None</b>   |   |
|   |  | LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes HS &DR 13/58/08 | % of salary paid directly to the host institution                                   |
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|   |  | Click the tab key to add additional rows.  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|   |  |  |   |
|   |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|   |  |  |   |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|   |  |  |   |
|   |  |  |   |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|   |  |  |   |
|   |  |  |   |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| 7  | Support for attending meetings and/or travel  | <input checked="" type="checkbox"/> None   |   |
|    |   |  |   |
|    |   |  |   |
| 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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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:** 1/8/2023

**Your Name:** Farag Shuweidi

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |  |   |  |  |   |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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**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:** 1/12/2023

**Your Name:** Mike J Crawford

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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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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| Time frame: Since the initial planning of the work |  |  |            |   |  |  |   |  |
| <b>1</b>   | 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<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">LP-MAESTRO</td> <td style="width: 40%;">% of salary paid directly to the host institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | LP-MAESTRO | % of salary paid directly to the host institution |  |  | Click the tab key to add additional rows. |  |
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| Time frame: past 36 months                         |  |  |            |   |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   |            |   |  |  |   |  |
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| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 195 963 296"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 436 963 571"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 657 963 758"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 1003 963 1104"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 1224 963 1325"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 1444 963 1545"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 1665 963 1766"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" data-bbox="391 1843 963 1944"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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|           | advocacy group, paid or unpaid   |  |  |  |  |  |  |  |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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Please place an "X" next to the following statement to indicate your agreement:

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

**Date:** 6/1/2023

**Your Name:** Matt Fossey

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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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> |  |  |   |
| <b>1</b>  | 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"/> <b>None</b>   |   |
|   |  | LP-MAESTRO Liaison Psychiatry-measurement and evaluation of service types, patterns of referral and outcomes HS &DR 13/58/08 | % of salary paid directly to the host institution                                   |
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|   |  | Click the tab key to add additional rows.  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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|   |  |  |   |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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>7</b>  | Support for attending meetings and/or travel  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>8</b>  | Patents planned, issued or pending  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>11</b> | Stock or stock options  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>13</b> | Other financial or non-financial interests  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 1/12/2023

**Your Name:** Jenny Hewison

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 11 | Stock or stock options   | <input 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   |   |
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

Date: 1/12/2023

Your Name: Carolyn Czoski Murray

Manuscript Title: Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

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.

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| <b>Time frame: Since the initial planning of the work</b> |  |   |   |   |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>13</b> | Other financial or non-financial interests  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 1/12/2023

**Your Name:** Claire Hulme

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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

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## ICMJE DISCLOSURE FORM

**Date:** 1/12/2023

**Your Name:** Sandy Tubeuf

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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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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:** 9/11/2023

**Your Name:** Allan House

**Manuscript Title:** Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

**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.

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| <b>Time frame: Since the initial planning of the work</b>   |  |  |   |   |   |   |  |  |  |
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| <b>Time frame: past 36 months</b>   |  |  |   |   |   |   |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 1/9/2023

**Your Name:** Chris Smith

**Manuscript Title:** Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

**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.

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

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

## ICMJE DISCLOSURE FORM

**Date:** 1/3/2023

**Your Name:** Sam Relton

**Manuscript Title:** Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

**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.

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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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**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:** 9/11/2023

**Your Name:** Daniel Romeu

**Manuscript Title:** Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

**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)                       |                 |  |  |   |  |  |
|---|--|---|---|-----------------|--|--|---|--|--|
| <b>Time frame: Since the initial planning of the work</b>   |  |   |   |                 |  |  |   |  |  |
| <b>1</b>  | 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"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">LP-MAESTRO Liaison psychiatry-measurement and evaluation of service types, referral patterns and outcomes</td> <td style="width: 40%;">Travel expenses</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | LP-MAESTRO Liaison psychiatry-measurement and evaluation of service types, referral patterns and outcomes | Travel expenses |  |  | Click the tab key to add additional rows. |  |  |
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| <b>Time frame: past 36 months</b>   |  |   |   |                 |  |  |   |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |                 |  |  |   |  |  |
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| <b>3</b>  | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |                 |  |  |   |  |  |
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**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:** 1/9/2023

**Your Name:** Sonia Saraiva

**Manuscript Title:** Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

**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.

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| <b>3</b>  | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |   |  |  |   |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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**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:** 6/1/2023

**Your Name:** Peter Trigwell

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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 |  |   |            |   |  |  |   |  |
| <b>1</b>   | 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"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">LP-MAESTRO</td> <td style="width: 40%;">% of salary paid directly to the host institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | LP-MAESTRO | % of salary paid directly to the host institution |  |  | Click the tab key to add additional rows. |  |
| LP-MAESTRO   | % of salary paid directly to the host institution  |   |            |   |  |  |   |  |
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| Time frame: past 36 months                         |  |   |            |   |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |            |   |  |  |   |  |
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| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |            |   |  |  |   |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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**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:** 6/1/2023

**Your Name:** Robert West

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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

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

## ICMJE DISCLOSURE FORM

**Date:** 1/7/2023

**Your Name:** Farag Shuweidi

**Manuscript Title:** Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

**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)   |   |   |  |  |   |  |
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| <b>Time frame: Since the initial planning of the work</b>   |  |  |   |   |   |  |  |   |  |
| <b>1</b>  | 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"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">LP-MAESTRO Liaison psychiatry-measurement and evaluation of service types, referral patterns and outcomes</td> <td style="width: 40%;">% of salary paid directly to the host institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | LP-MAESTRO Liaison psychiatry-measurement and evaluation of service types, referral patterns and outcomes | % of salary paid directly to the host institution |  |  | Click the tab key to add additional rows. |  |
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| <b>Time frame: past 36 months</b>   |  |  |   |   |   |  |  |   |  |
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| <b>3</b>  | Royalties or licenses  | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |   |  |  |   |  |
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**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:** 1/12/2023

**Your Name:** Mike J Crawford

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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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:** 9/11/2023

**Your Name:** Claire Hulme

**Manuscript Title:** Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.

**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)                       |   |  |  |  |  |  |
|---|--|--|---|---|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b>   |  |  |   |   |  |  |  |  |  |
| <b>1</b>  | 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"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">LP-MAESTRO Liaison psychiatry-measurement and evaluation of service types, referral patterns and outcomes</td> <td style="width: 40%;">% of salary paid directly to the host institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> | LP-MAESTRO Liaison psychiatry-measurement and evaluation of service types, referral patterns and outcomes | % of salary paid directly to the host institution |  |  | <small>Click the tab key to add additional rows.</small> |  |  |
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| <b>Time frame: past 36 months</b>   |  |  |   |   |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |   |  |  |  |  |  |
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| <b>3</b>  | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |   |  |  |  |  |  |
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**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:** 1/13/2023

**Your Name:** Jenny Hewison

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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|           |  | Health Group 1 Costed Extension Review Committee 2017 to 2018                                |   |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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## ICMJE DISCLOSURE FORM

**Date:** 6/1/2023

**Your Name:** Sandy Tubeuf

**Manuscript Title:** **Linkage of routinely collected NHS data to evaluate liaison mental health services: challenges and lessons learned.**

**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.

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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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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**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.