Date:		10/5/2022	10/5/2022			
Your Name:		Deborah Moore	Deborah Moore			
Mar	nuscript Title:	Water fLuOridaTion for a NHS dental claims data (		ss and cost-effectiveness using routinely-collected		
Mar	nuscript Number (if kn	NIHR 128533				
cont affe	tent of your manuscrip cted by the content of	t. "Related" means any relation v the manuscript. Disclosure repre	vith for-profit or no sents a commitme	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
epic	demiology of hypertens			example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report a ne for disclosure is the		this manuscript w	ithout time limit. For all other items, the time		
		lame all entities with whom you elationship or indicate none (add		Specifications/Comments (e.g., if payments were made to you or to your institution)		
			rows as needed)	made to you or to your institution)		
1	All support for the	elationship or indicate none (add	rows as needed)	made to you or to your institution)		
1	r	elationship or indicate none (add Time frame: Since	rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	elationship or indicate none (add Time frame: Since (	rows as needed)	made to you or to your institution) of the work		
1	All support for the present manuscript (e.g.,	elationship or indicate none (add Time frame: Since (	rows as needed)	made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	elationship or indicate none (add Time frame: Since (	rows as needed)	made to you or to your institution) of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	elationship or indicate none (add Time frame: Since (	rows as needed)	made to you or to your institution) of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since  None  NIHR PHR128533	rows as needed)	of the work  Click the tab key to add additional rows.		
	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.	Time frame: Since on None  NIHR PHR128533  Time frame	rows as needed)	of the work  Click the tab key to add additional rows.		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Time frame: Since  None  NIHR PHR128533	rows as needed)	of the work  Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	NHS England specialist clinical advisor role for dental commissioning team in Greater  Manchester	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	

		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)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	⊠ None		
Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	nt:	
$[\boxtimes]$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/20/2022
Your Name:	Blessing Nyakutsikwa
Manuscript Title:	Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)
Manuscript Number (if known):	Click or tap here to enter text.

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

			all entities with whom you have this nship 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	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	× N	None	

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

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

Date:			10/3/2022		
Υοι	ır Name:		Thomas Allen		
Ma	nuscript Title:		Water fLuOridaTion for adUltS: A retrospect dental claims data (The LOTUS study)	tive cohort study using routinely collected NHS	
Ma	nuscript Number (if kn	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma		ot. "Rela the mai	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	•	sion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	NIHR R	esearch grant [PHR NIHR128533] awarded university of manchester		
medical writing, article processing charges, etc.) No time limit for this item.				Click the tab key to add additional rows.	
	charges, etc.) No time limit for				
	charges, etc.) No time limit for		Time frame: past 36 month	s _	

Royalties or

licenses

**⊠** None

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	□ None			
	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 wo	ording of any of the questions on this form.		

Date:			27/04/2023			
Your Name:			Mrs Emily Lam			
Manuscript Title:			Water fLuOridaTion for adUltS: Effectivenes NHS dental claims data (The LOTUS study)	ss and cost-effectiveness using routinely-collected		
Mai	nuscript Number (if k	known):	NIHR 128533			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the man re in doubt ps/activition ension, you nentioned				
	ne for disclosure is th		•	ithout time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		g for patient and public engagement on this	Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).		one			
3	Royalties or licenses	⊠ No	one			

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None  HTA PCCPI Panel 24/03/2015 - 01/09/2018  HTA Prioritisation Committee A (Out of hospital) 01/09/2014 - 30/09/2018  Ad hoc lay reviewer for: NIHR PRP, HS&DR and RfPB.  NIHR RDS North West lay reviewer Oct 2019 — current	NIHR i4i PDA Panel 1.11.2015- 27.11.2019

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

Date:			9/22/2021			
You	ır Name:		Stephen Birch			
Manuscript Title:			Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)			
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.	Click or tap here to enter text.		
con affe indi The epic tha	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperter timedication is not me	ipt. "Rela of the man e in doubt os/activitionsion, you entioned all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa- in the manuscript.	/interest, it is preferable that you do so.		
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIHR fu	unding	Click the tab key to add additional rows.		
			Time frame: past 36 month	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).		one			
3	Royalties or licenses	⊠ No	one			

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

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

Date:	9/16/2022
Your Name:	Martin Tickle
Manuscript Title:	Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)
Manuscript Number (if known):	128533

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  None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR HTA 16/23/01 A Randomised controlled trial to Evaluate the effectiveness and cost benefit of prescribing high dose FLuoride toothpaste in preventing and treating dEntal Caries in high-risk older adulTs (REFleCt trial)  NIHR PHR 12/3000/40 An evaluation of a new water fluoridation scheme in Cumbria (CATFISH study).	PI – payments made to my institution (University of Manchester) for my time on the project  Co-I – payments made to my institution (University of Manchester) for my time on the project

		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)
3	Royalties or licenses	None     Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     ■	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

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

Date:			10/6/2022		
Υοι	ır Name:		lain Pretty		
Manuscript Title:			Water fLuOridaTion for adUltS: Effectiveness and cost-effectiveness using routinely-collected NHS dental claims data (The LOTUS study)		
Ma	nuscript Number (if k	(nown):	NIHR 128533		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mai	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
		relations	Time frame: Since the initial planning		
1	All support for the present manuscript (e.g., funding provision	r 1			
1	present		Time frame: Since the initial planning		
1	present manuscript (e.g., funding, provision of study materials, medical writing,		Time frame: Since the initial planning	of the work	
1	present manuscript (e.g., funding, provision of study materials,		Time frame: Since the initial planning	of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		Time frame: Since the initial planning one	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR	Time frame: Since the initial planning one  Time frame: past 36 months	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR	Time frame: Since the initial planning one	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIHR    No	Time frame: Since the initial planning one  Time frame: past 36 months  Palmolive	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIHR    No	Time frame: Since the initial planning one  Time frame: past 36 months one	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIHR    No	Time frame: Since the initial planning one  Time frame: past 36 months  Palmolive	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIHR  Colgate New Yo	Time frame: Since the initial planning one  Time frame: past 36 months  Palmolive	Click the tab key to add additional rows.	

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

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

Date:		10/3/2022			
You	r Name:	[Tanya Walsh]	Tanya Walsh]		
Manuscript Title:		Water fLuOridaTion for adUltS: A retrospect dental claims data (The LOTUS study)	Water fLuOridaTion for adUltS: A retrospective cohort study using routinely collected NHS dental claims data (The LOTUS study)		
Mar	nuscript Number (if k	known): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitmen e in doubt about whether to list a relationship/activity, os/activities/interests should be defined broadly. For e nsion, you should declare all relationships with manufa	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript we past 36 months.	ithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
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 month	S		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	NIHR grants <b>NIHR201173</b> , <b>16/23/01</b> , <b>12/3000/40</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)
4	Consulting fees	□ None  FDI	Paid to my institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	Panel Membership Research for Patient Benefit North West	Non-financial	
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.				