Date:		9/1/2023	9/1/2023		
Your Name:		Daniel Lasserson	Daniel Lasserson		
Manuscript Title:			Interventions that challenge established and accepted clinical practice: lessons learned from a process evaluation of the STOPAPE trial		
Ma	nuscript Number (if k	(nown): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma		ript. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme	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	demiology of hyperte	os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned 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.	vithout 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	□ None			
	manuscript (e.g., funding, provision	NIHR HTA funding	Paid to Institution		
	of study materials,		Click the tab key to add additional rows.		
	medical writing, article processing				
	charges, etc.)				
	No time limit for this item.				
		Time frame: past 36 month	s		
2	Grants or	□ None			
	contracts from				
	any entity (if not indicated in item	NIHR ARC West Midlands. NIHR Community Healthcare MIC. NIHR Oxford BRC.			
	#1 above).	Treattited E Wife. WITH OXIDIA BRC.			
3	Royalties or	⊠ None			
3	Royalties or licenses	None			
3	· ·	None			

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	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	President of the UK Hospital at Home Society Unpa	id role

		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	Butterfly Net Inc funded ultrasound fellowships Vifor Pharma Ltd funding for database anaemia study	Paid to Institution Paid to Institution
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:		-	8/25/2023		
Your Name:		-	Professor Sue Jowett		
Manuscript Title:		-	Interventions that challenge established and accepted clinical practice: lessons learned from a process evaluation of the STOPAPE trial		
Ma	nuscript Number (if k	(nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma					
epi	·	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	l J	one		
1	present manuscript (e.g., funding, provision	l J		Paid to the University	
1	present manuscript (e.g., funding, provision of study materials,	l J	one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	l J	one	Paid to the University	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	l J	one	Paid to the University	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	l J	one	Paid to the University  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 H	TA grant for the STOP-APE study	Paid to the University  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 H	TA grant for the STOP-APE study  Time frame: past 36 month	Paid to the University  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 H	TA grant for the STOP-APE study  Time frame: past 36 month	Paid to the University  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIHR H	TA grant for the STOP-APE study  Time frame: past 36 month	Paid to the University  Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	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 wo	rding of any of the questions on this form.

Date:		8/25/2023	8/25/2023		
Your Name:		Graham Robinson	Graham Robinson		
Manuscript Title:			Interventions that challenge established and accepted clinical practice: lessons learned from a process evaluation of the STOPAPE trial		
Ma	nuscript Number (if k	nown): Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma		pt. "Related" means any relation with for-profit or n f the manuscript. Disclosure represents a commitme	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.		
epio	demiology of hyperter	s/activities/interests should be defined broadly. For a naion, you should declare all relationships with manufentioned in the manuscript.			
	em #1 below, report and the for disclosure is the	all support for the work reported in this manuscript we past 36 months.	vithout 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	NIHR HTA Grant to undertake the STOPAPE study	Payment for my time made to NHS Trust  Click the tab key to add additional rows.		
	this item.	T' (			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month  ☐ None			
3	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	
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 wo	rding of any of the questions on this form.

Date:	4/25/2023	
Your Name:	Clare Prince	
Manuscript Title:	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.	
Manuscript Number (if known):	NIHR 135832	
content of your manuscript. "Rela affected by the content of the ma	we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so.	
<del>-</del>	ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	

		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 any entity (if not indicated in item #1 above).	None	
3	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	
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:	4/27/2023
Your Name:	Mark Toshner
Manuscript Title:	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.
Manuscript Number (if known):	NIHR 135832
In the interest of transparency, w	e ask you to disclose all relationships/activities/interests listed below that are related to the

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIHR Cambridge BRC NIHR HTA	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	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	MorphogenIX Jansen	Advisory board, payment personal Advisory board, payment personal
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	GSK Jansen	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	ComCov FluCov	
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:			4/26/2023		
Your Name:			Michael Newnham		
Manuscript Title:			STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.		
Mai	nuscript Number (if k	nown):	NIHR 135832		
content of your manuscript. "Rela affected by the content of the ma		ipt. "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 inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	•	nsion, you	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppor frame for disclosure is the past 36				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)		<del>-</del>	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.)		Time frame: Since the initial planning	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[⊠] <b>N</b> o			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		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.		Time frame: past 36 month	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		one	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	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:	4/24/2023
Your Name:	Alice Turner
Manuscript Title:	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.
Manuscript Number (if known):	NIHR 135832
la the interest of the consequence of	

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.

		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	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 NIHR	To institution  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	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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	NIHR HTA Prioritisation Committee 2020-2025  Vertex, AstraZeneca, CSL Behring, Grifols Biotherapeutics, GSK, Chiesi, Phillips, ResMed and Boehringer	Honoraria for work outside the area of study in this manuscript.
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.		

ICIVISE DISCLOSORE I ORIVI				
Date:	4/24/2023			
Your Name:	ur Name: Samir Mehta			
Manuscript Title:	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.			
Manuscript Number (if	known):	NIHR 135832		
content of your manuscr affected by the content indicate a bias. If you are The author's relationship epidemiology of hyperte that medication is not m	ript. "Rela of the man re in doubt ps/activition ension, you nentioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer 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.	
		entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame, Cines the initial planning.	- £ +    -	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g., funding, provison of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 month	
			15
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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:		4/23/	4/23/2023		
Your Name:		Agnie	Agnieszka Ignatowicz		
Manuscript Title:		Emb	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.		
Mar	nuscript Number (if k	own): NIHR	135832		
cont affe	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epic		sion, you shou	ld declare all relationships with manuf	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			es with whom you have this indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials,	⊠  None		Click the tab key to add additional rows.	
medical writing, article processing charges, etc.) No time limit for this item.					
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None			
3	Royalties or	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:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		.=	4/24/2023		
Your Name:		-	Carole Cummins		
Manuscript Title:		<u>-</u>	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.		
Mar	nuscript Number (if k	nown):	NIHR 135832		
cont affe	tent of your manuscri	ipt. "Rela of the mar			
epic	•	nsion, you	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
				made to you or to your mistitution;	
			Time frame: Since the initial planning		
	All support for the present manuscript (e.g., funding, provison of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	r 1			
	All support for the present manuscript (e.g., funding, provison of study materials, medical writing, article processing charges, etc.)  No time limit for	f. 1	Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provison of study materials, medical writing, article processing charges, etc.)  No time limit for		Time frame: Since the initial planning	of the work	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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:		_8/	8/25/2023		
Your Name:		Dr	Dr Jonathan Carl Luis Rodrigues		
Manuscript Title:			Interventions that challenge established and accepted clinical practice: lessons learned from a process evaluation of the STOPAPE trial		
Ma	nuscript Number (if k	nown): Cl	ck or tap here to enter text.		
con affe indi The epic	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			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily //interest, it is preferable that you do so.	
tha	t medication is not me	entioned in t	ne manuscript.		
	em #1 below, report ne for disclosure is th		·	vithout time limit. For all other items, the time	
		Name all en	tities with whom you have this	Specifications/Comments (e.g., if payments were	
		relationship	or indicate none (add rows as needed)	made to you or to your institution)	
		relationship	or indicate none (add rows as needed)  Time frame: Since the initial planning		
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.	relationship  None			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	-		of the work  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	None	Time frame: Since the initial planning  Time frame: past 36 month	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)
4	Consulting fees	NHSX HeartFlow	Payment to Rodrigues Medical LTD Payment to Rodrigues Medical LTD
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Sanofi speakers' fees Aidence speakers' fees 4-C Research market research	Payment to Rodrigues Medical LTD Payment to Aquae Sulis Medical LTD Personal
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Aidence travel expenses for BIR meeting HeartFlow travel expenses for Radiographer training day	Payment to Aquae Sulis Medical LTD Payment to Rodrigues Medical LTD
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	Director of Clinical Quality at Heart and Lung Imaging LTD	Personal payment

		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	
		Stock in Radnet Shares in Heart & Lung Imaging LTD	Held by Rodrigues Medical LTD Held by Rodrigues Medical LTD
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/27/2023
Your Name:	Mark Toshner
Manuscript Title:	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.
Manuscript Number (if known):	NIHR 135832
n 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.

		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	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 Cambridge BRC NIHR HTA	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	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	MorphogenIX Jansen	Advisory board, payment personal Advisory board, payment personal
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	GSK Jansen	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	ComCov FluCov	
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	
r 1	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:	8/29/2021	
Your Name:	Pooja Gaddu	
Manuscript Title:	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.	
Manuscript Number (if known): NIHR 135832		
n 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		

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.

indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Provision of study material	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None	
3	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	
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:		4/24/2023	4/24/2023		
Your Name:		Sheila Greenfield	Sheila Greenfield		
Manuscript Title:			STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.		
Mar	nuscript Number (if k	nown): NIHR 135832			
cont affe	tent of your manuscr cted by the content o	rency, we ask you to disclose all relationships/activiti ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even that medication is not mentioned in the manuscript.					
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			vithout 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 we made to you or to your institution)				
		Time frame: Since the initial planning	of the work		
	All support for the present manuscript (e.g., funding, provision	None			
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.		
		Time frame: past 36 month	is		
2	Grants or contracts from	$oxed{oxed}$ None			

**⊠** None

3

Royalties or licenses

		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:	4/21/2023 e: SIMON NOBLE	
Your Name:		
Manuscript Title:	STOPping Anticoagulation for Isolated or Incidental Pulmonary Embolism (STOPAPE): prospective randomised open blinded end-point controlled trial protocol.	
Manuscript Number (if known):	NIHR 135832	
In the lateract of the commence of		

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.

			vith whom you have this icate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Tim	e frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None		Click the tab key to add additional rows.
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None		
3	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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Leo Pharma Pfizer	Payment to me Payment to me
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	Chair of TSC MEPFAC Member of DSM Prepare of Kidney	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Medical Director Thrombosis UK Charity	

		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 wording of any of the questions on this form.			