

ICMJE DISCLOSURE FORM

Date: 3/21/2022

Your Name: Oliver Rivero-Arias

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">This project was funded by the National Institute for Health Research (UK): Health Technology Assessment Programme (NIHR127489).</td> <td style="width: 40%;">Payment to the University of Oxford for my time as PI and full cost of grant</td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>	This project was funded by the National Institute for Health Research (UK): Health Technology Assessment Programme (NIHR127489).	Payment to the University of Oxford for my time as PI and full cost of grant	Click the tab key to add additional rows.			
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2	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR HTA Grant: Treating Oesophageal Atresia to prevent Stricture (TOAST) (NIHR131136)</td> <td style="width: 40%;">Payment to University of Oxford for my time as Co-I</td> </tr> <tr> <td>NIHR HTA Grant: Multicentre open label, pragmatic randomised controlled trial of early surfactant therapy versus expectant management in late preterm and early term infants with respiratory distress (NIHR17/89/07)</td> <td>Payment to University of Oxford for my time as Co-I</td> </tr> <tr> <td>NIHR HTA Grant: FROSTTIE: A randomised controlled trial of Frenotomy and breastfeeding support Or breastfeeding Support without frenotomy to investigate continuation of breastfeeding for babies with Tongue-TIE (NIHR16/143/01)</td> <td>Payment to University of Oxford for my time as Co-I</td> </tr> </table>	NIHR HTA Grant: Treating Oesophageal Atresia to prevent Stricture (TOAST) (NIHR131136)	Payment to University of Oxford for my time as Co-I	NIHR HTA Grant: Multicentre open label, pragmatic randomised controlled trial of early surfactant therapy versus expectant management in late preterm and early term infants with respiratory distress (NIHR17/89/07)	Payment to University of Oxford for my time as Co-I	NIHR HTA Grant: FROSTTIE: A randomised controlled trial of Frenotomy and breastfeeding support Or breastfeeding Support without frenotomy to investigate continuation of breastfeeding for babies with Tongue-TIE (NIHR16/143/01)	Payment to University of Oxford for my time as Co-I
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		NIHR HTA Grant: Investigating the clinical and cost-effectiveness of a nutrient enriched diet for babies with a brain injury: The Dolphin Randomised controlled trial (NIHR130925)	Payment to University of Oxford for my time as Co-I						
		NIHR HTA Grant: Pregnancy Antihypertensive Drugs: which Agent is best? (giant PANDA study) (NIHR128721)	Payment to University of Oxford for my time as Co-I						
		NIHR Programme Grant: Improving unwarranted variation in outcomes of children's surgery through a new Children's Surgery Outcome Reporting system using routinely available data (CSOR) (NIHR127844)	Payment to University of Oxford for my time as Co-I						
		NIHR HTA Grant: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment? (NIHR 17/19/10)	Payment to University of Oxford for my time as Co-I						
		NIHR HTA Grant: The neoGASTRIC trial: Avoiding routine gastric residual volume measurement in neonatal critical care, a multi-centre, randomised controlled trial (NIHR134216)	Payment to University of Oxford for my time as Co-I						
		NIHR Invention for Innovation Grant: Decision-support for individualised risk assessment of fetal health during labour: preventing fetal brain damage and death by utilising large, routinely collected datasets of cardiotocography and clinical risk factors (NIHR202117)	Payment to University of Oxford for my time as Co-I						
		NIHR Programme Grant: The 'PANDA' research programme: Primary prevention of maternal ANaemia to avoid preterm Delivery and other Adverse outcomes (NIHR200869)	Payment to University of Oxford for my time as Co-I						
		NIHR Programme Grant: Optimising the management of blood pressure following hypertensive pregnancy to reduce cardiovascular risk (NIHR203283)	Payment to University of Oxford for my time as Co-I						
3	Royalties or licenses	<input type="checkbox"/> None <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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5	Payment or honoraria for lectures, presentations, speakers	<input type="checkbox"/> None <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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	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		Independent panel member of the UK National Screening Committee Fetal and Maternal Child Health Reference Group	Unpaid
		Panel member of the NIHR Doctoral Research Fellowships	Unpaid
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> 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)
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		I report I am a cofounding partner and shareholder of Maths in Health, a health economics and outcomes research consultancy company.	Paid

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.

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Date: 3/21/2022

Your Name: May Ee Png

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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	

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: 4/6/2022

Your Name: Ashley L White

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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ICMJE DISCLOSURE FORM

Date: 3/23/2022

Your Name: Miaoqing Yang

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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

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ICMJE DISCLOSURE FORM

Date: 7/7/2022

Your Name: Sian Taylor-Phillips

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

Manuscript Number (if known): HTA NIHR127489

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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2	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">My institution receives grant funding from the National Institute for Health and Care Excellence (NICE) and the UK National Screening Committee for evidence synthesis and economic modelling work.</td> <td style="width: 40%;">Funding to institution for this work</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	My institution receives grant funding from the National Institute for Health and Care Excellence (NICE) and the UK National Screening Committee for evidence synthesis and economic modelling work.	Funding to institution for this work							
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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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <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>							
4	Consulting fees	<input checked="" type="checkbox"/> None <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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <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>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <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>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <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>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> </table>							

		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	<p>member of the UK NSC Adult Reference Group and supported by an NIHR Career Development Fellowship (CDF-2016-09-018).</p> <p>UK National Screening Committee Research and Methodology Sub-Group, Chair, May 2022-present</p> <p>UK National Screening Committee, Data Scientist Member, May 2022-present</p> <p>UK National Screening Committee Artificial Intelligence Task Group Member</p> <p>National Breast Cancer Screening Clinical Advisory Group, member 2019-present</p> <p>SPIE Medical Imaging Society, committee member (2016-present) and conference chair (2020-2022), Image Perception, Observer Performance, and Technology Assessment</p>	<p>No payments for NSC membership but payments made to the University of Warwick to support Sian's salary by her NIHR fellowship</p> <p>Unpaid</p>
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	

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: 3/29/2022

Your Name: Lisa Hinton

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
		Lisa Hinton is based at the Healthcare Improvement Studies Institute (THIS Institute), University of Cambridge. THIS Institute is supported by the Health Foundation, an independent charity committed to bringing about better health and healthcare for people in the UK.	
			<small>Click the tab key to add additional rows.</small>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		This project was funded by the National Institute for Health Research (UK): Health Technology Assessment Programme (NIHR127489).	Co-applicant
		Optimising the monitoring and management of raised blood pressure during and after pregnancy. NIHR Programme Grants for Applied Research. The BUMP Research Programme ref 20005, 01/042016 to 30/12/2021	Co-applicant
		Lisa Hinton is co-investigator on the Children's Surgery Outcome System using routinely available data. NIHR Health Services and Delivery Research. NIHR127844 2020-2025	Co-applicant

		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)
		Exploring the potential for using mother's experiences of pre-term birth to improve care in LMICs. UKRI t: MR/T017759/1 2020-2023	Principal investigator
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input type="checkbox"/> 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)						
	Monitoring Board or Advisory Board	NIHR HS & DR Associate Board from 16/06/2014 to 30/06/2018.	Associate board member						
		NIHR Programme Grants for Applied Research 2018-2022	Board member						
		ICNARC 2009-2022	Board of Trustees						
		Global Institute for Global Health 2019-2023	Honorary Senior Fellow						
		Royal College of Obstetricians and Gynaecologists, Race Equality Taskforce	Member						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <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>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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>							

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: 3/23/2022

Your Name: Felicity Boardman

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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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.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">NIHR Health Technology Assessment Programme, 2019 (£530, 013.53) REF: NIHR 127489 (5%). The benefits and harms of antenatal and newborn screening programmes in health economic assessments, the VALENTIA study</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR Health Technology Assessment Programme, 2019 (£530, 013.53) REF: NIHR 127489 (5%). The benefits and harms of antenatal and newborn screening programmes in health economic assessments, the VALENTIA study				Click the tab key to add additional rows.	
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">NIHR October 2021- November 2022 Testing the acceptability of EarLy Surveillance for Autoimmune diabetes: The ELSA Study Ref: NIHR202816 (5% costing)</td> <td style="width: 40%; padding: 5px;">Payment for 5% of my time paid to institution</td> </tr> <tr> <td style="padding: 5px;">Public Health England, 2021-2022 (£98,690.86), (10%) Evaluation of Next Generation Sequencing for Cystic Fibrosis Newborn Screening. Ref: NHS England and NHS Improvement (NHSE/I) 50047HO</td> <td style="padding: 5px;">Payment for 10% of my time paid to institution</td> </tr> <tr> <td style="padding: 5px;">Wellcome Trust Small Grant in Humanities and Social Science, 'Developing future research agendas on the socioethical impact of genomics</td> <td style="padding: 5px;">Paid to institution</td> </tr> </table>	NIHR October 2021- November 2022 Testing the acceptability of EarLy Surveillance for Autoimmune diabetes: The ELSA Study Ref: NIHR202816 (5% costing)	Payment for 5% of my time paid to institution	Public Health England, 2021-2022 (£98,690.86), (10%) Evaluation of Next Generation Sequencing for Cystic Fibrosis Newborn Screening. Ref: NHS England and NHS Improvement (NHSE/I) 50047HO	Payment for 10% of my time paid to institution	Wellcome Trust Small Grant in Humanities and Social Science, 'Developing future research agendas on the socioethical impact of genomics	Paid to institution
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Wellcome Trust Small Grant in Humanities and Social Science, 'Developing future research agendas on the socioethical impact of genomics	Paid to institution							

		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)
		through interdisciplinary live data-sharing', Sept 2021-Sept-2023. (£35, 437). Ref: 219426/Z/19/Z	
		Wellcome Trust Investigator Award, February 2017- January 2022 (£248, 802) Ref: 203384/Z/16/Z	Paid to Institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> 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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member of Foetal Maternal and Child Health Reference Group, National Screening Committee	Unpaid advisory role
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	

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: 3/31/2022

Your Name: Abigail McNiven

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Policy Research Programme: NIHR202450 - A qualitative study of people's experiences of urogynaecology health services in the UK</td> <td>Payment to University of Oxford.</td> </tr> <tr> <td>Oliver Bird Fund, Nuffield Foundation: OBF/43985 - Understanding and improving decision making for joint replacement surgery in older patients with other complex health needs</td> <td>Payment to University of Oxford.</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIHR Policy Research Programme: NIHR202450 - A qualitative study of people's experiences of urogynaecology health services in the UK	Payment to University of Oxford.	Oliver Bird Fund, Nuffield Foundation: OBF/43985 - Understanding and improving decision making for joint replacement surgery in older patients with other complex health needs	Payment to University of Oxford.		
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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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4	Consulting fees	<input checked="" type="checkbox"/> None <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"/> None <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>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> </table>							

		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	<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	

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: 7/5/2022

Your Name: Jane Fisher

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">As a co-applicant my charity (Antenatal Results and Choices) has received funds from the VALENTIA study</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	As a co-applicant my charity (Antenatal Results and Choices) has received funds from the VALENTIA study				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								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">As above</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	As above					
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

		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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member of UK National Screening Committee (until June 2022)	No payment
		Member of UKNSC Fetal Maternal and Child Helath Reference Group	No payment
		Member of NHS England Fetal Anomaly Screening Programme Advisory Group	No 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	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 3/21/2022

Your Name: Professor Baskaran THILAGANATHAN

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)				
Time frame: Since the initial planning of the work							
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HTA Reference Number: NIHR127489 - Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments</td> <td style="width: 50%;">2.5 % FTE paid to St George's University Hospitals Foundation NHS Trust in lieu of my involvement in support of the study</td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR HTA Reference Number: NIHR127489 - Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments	2.5 % FTE paid to St George's University Hospitals Foundation NHS Trust in lieu of my involvement in support of the study	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							
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Funding from Tommy's Charity for the National Centre for Maternity Improvement based at the RCOG and RCM</td> <td style="width: 50%;">10 % FTE paid to St George's University Hospitals Foundation NHS Trust in lieu of my involvement in support of the study</td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>	Funding from Tommy's Charity for the National Centre for Maternity Improvement based at the RCOG and RCM	10 % FTE paid to St George's University Hospitals Foundation NHS Trust in lieu of my involvement in support of the study	Click the tab key to add additional rows.	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<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="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> </table>				

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4	Consulting fees	<input checked="" type="checkbox"/> None <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"/> None <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 type="checkbox"/> None	
		Member of the Fetal, Maternal and Child Health reference group of the UK NSC	No pecuniary interests in either service
		Clinical lead for the SAFE test (NIPT) laboratory at St Georges Hospital (www.theSAFEtest.co.uk)	

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: 4/1/2022

Your Name: Sam Oddie

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Serves on the UK NSC expert group on implementing saturation screening.</td> <td>Unpaid advisory role</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Serves on the UK NSC expert group on implementing saturation screening.	Unpaid advisory role					
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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	

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: 4/1/2022

Your Name: Anne-Marie Slowther

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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Time frame: past 36 months										
2 Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grant funding from NIHR HS&DR programme for study Evaluating ReSPECT in primary care (13/13/16)</td> <td>Payment to University of Warwick for my time as CI and full cost of grant</td> </tr> <tr> <td>Grant funding from NIHR HS&DR programme for study Evaluation of emergency care and treatment plans (15/15/09)</td> <td>Payment to University of Warwick for my time as Co-I</td> </tr> <tr> <td>Grant funding from NIHR HS&DR programme for study Exploring and improving resuscitation decisions in out of hospital cardiac arrest (17/99/34)</td> <td>Payment to University of Warwick for my time as Co-I</td> </tr> <tr> <td>Grant funding from NIHR HTA programme for study PARAMEDIC 3 (13/11/05)</td> <td>Payment to University of Warwick for my time as Co-I</td> </tr> </table>	Grant funding from NIHR HS&DR programme for study Evaluating ReSPECT in primary care (13/13/16)	Payment to University of Warwick for my time as CI and full cost of grant	Grant funding from NIHR HS&DR programme for study Evaluation of emergency care and treatment plans (15/15/09)	Payment to University of Warwick for my time as Co-I	Grant funding from NIHR HS&DR programme for study Exploring and improving resuscitation decisions in out of hospital cardiac arrest (17/99/34)	Payment to University of Warwick for my time as Co-I	Grant funding from NIHR HTA programme for study PARAMEDIC 3 (13/11/05)	Payment to University of Warwick for my time as Co-I
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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)
		Grant funding from NIHR HTA programme for study Induction of labour for predicted macrosomia (The 'Big Baby Trial') (16/77/02)	Payment to University of Warwick for my time as Co-I
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety	<input type="checkbox"/> 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)						
	Monitoring Board or Advisory Board								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <table border="1"> <tr> <td>Trustee of UK Clinical Ethics Network</td> <td>unpaid</td> </tr> <tr> <td>Trustee of Institute of Medical Ethics</td> <td>unpaid</td> </tr> <tr> <td>Member of UK National Screening Committee</td> <td>unpaid</td> </tr> </table>	Trustee of UK Clinical Ethics Network	unpaid	Trustee of Institute of Medical Ethics	unpaid	Member of UK National Screening Committee	unpaid	
Trustee of UK Clinical Ethics Network	unpaid								
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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: 4/7/2022

Your Name: Svetlana Ratushnyak

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Nia Wyn Roberts

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 3/21/2022

Your Name: Jenny Shilton Osborne

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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ICMJE DISCLOSURE FORM

Date: 3/21/2022

Your Name: Stavros Petrou

Manuscript Title: Valuing the benefits and harms of antenatal and newborn screening programmes in health economic assessments (VALENTIA)

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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<p>society, committee or advocacy group, paid or unpaid</p>	<p>(1) Member of the NIHR Programme Grants for Applied Research “PERFORM study (Personalised Exercise-Rehabilitation for people with Multiple long-term conditions)” Study Steering Committee (2021-).</p> <p>(2) Member of the NIHR Health Technology Assessment Programme “Cluster Randomised Controlled Trial of a Service to Support the Mental Health and Coping of Parents with Excessively Crying Infants” Trial Steering Committee (2021-).</p> <p>(3) Member of the NIHR Pre-Doctoral Fellowship Assessment Panel (2019-).</p> <p>(4) Member of the NIHR Health Technology Assessment Programme “Patient-reported outcome measures for monitoring primary care patients with depression: PROMDEP randomised controlled trial” Trial Steering Committee (2018-).</p> <p>(5) Member of the NIHR Public Health Research Programme “Does ‘Mellow Babies’ improve the psychosocial health of mothers and their children? The Mellow Babies Trial” Trial Steering Committee (2018-).</p> <p>(6) Member of the NIHR Health Services and Delivery Research “Critically ill children and young people: do national Differences in access to Emergency Paediatric Intensive Care and care during Transport affect clinical outcomes and patient experience? The DEPICT study” Study Steering Committee (2017-).</p> <p>(7) Member of the NIHR Health Technology Assessment Programme “Nail Bed Injury Analysis (NINJA)” Trial Steering Committee (2017-2021).</p> <p>(8) Member of the NIHR Health Services and Delivery Research “Opti-Prem: Optimising neonatal service provision for preterm babies born between 27 and 31 weeks of gestation in England, using national data, qualitative research and economic analysis” Study Steering Committee (2017-).</p> <p>(9) Member of the NIHR Public Health Research Programme 'The Best Services Trial (BeST): Effectiveness and cost-effectiveness of the New Orleans Intervention Model for Infant Mental Health' Trial Steering Committee (2015-).</p>	
	<p>Deputy Directory, Oxford and Thames Valley Applied Research Collaboration (ARC) (2022-)</p>	

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