Date:			_2/1/2023			
Your Name:			Beth Woods			
Manuscript Title:			Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections			
Mai	nuscript Number (if kr	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						
epic		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36				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	1 1	one			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Policy l the Poli Evaluat	Il Institute for Health Research (NIHR) Research Programme, conducted through cy Research Unit in Economic Methods of ion in Health and Social Care ntions, PR-PRU-1217-20401	Payment made to respective institutions		
No time limit for				Click the tab key to add additional rows.		
	this item.					
		[]	Time frame: past 36 month	is		
2	Grants or contracts from any entity (if not indicated in item	⊠  No	one			

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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     Non	
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	National Institute for Health Research (NIHR) Policy Research Programme, conducted through the Policy Research Unit in Economic Methods of Evaluation in Health and Social Care Interventions, PR-PRU-1217-20401	
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  I sit on the Board of the York Health Economics Consortium, a private sector company. This is an unpaid 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	Woods HTA Clinical Evaluation and Trials Committee 2020-2024			
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:	5/18/2022
Your Name:	LAETITIA HELENE MARIE SCHMITT
Manuscript Title:	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections.
Manuscript Number (if known):	Click or tap here to enter text.
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.

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.

ľ		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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	National Institute for Health Research (NIHR) Policy Research Programme, conducted through the Policy Research Unit in Economic Methods of Evaluation in Health and Social Care Interventions, PR-PRU-1217-20401	
8	Patents planned, issued or pending	None	
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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:		-	6/20/2022		
Your Name:		-	Dina Jankovic		
Manuscript Title:		<u>-</u>	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections		
Ma	nuscript Number (if kı	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 man			ted" means any relation with for-profit or n	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily v/interest, it is preferable that you do so.	
epi		nsion, you		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
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			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)	
			<del>_</del>	made to you or to your institution)	
1	All support for the	relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Nationa Policy I the Poli Evaluat	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
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**⊠** None

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8	Patents planned, issued or pending	Image: square of the square o	
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	

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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:		_	5/17/2022		
Your Name:		_	Benjamin Kearns		
Manuscript Title:		-	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections		
Maı	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			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 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	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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	

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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.		

ICIVIJE DISCLOSURE FORIVI			
Date:	sate: 5/17/2022		
Your Name:	Alison Scope		
Manuscript Title:	<b>Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections</b>		
Manuscript Number (if I	known): Click or tap here to enter text.		
content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m	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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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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:			5/17/2022	
Your Name:		<u>-</u>	Shijie Ren	
Manuscript Title:		-	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections	
Maı	nuscript Number (if k	(nown):	Click or tap here to enter text.	
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the mar		
epic		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
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4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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:	5/20/2022	
Your Name:	Tushar Srivastava	
Manuscript Title:	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections	
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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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:	5/19/2022	5/19/2022		
Your Name:	Chu-Chang Ku	Chu-Chang Ku		
Manuscript Title:	Final report for the technology evaluation of negative bacterial infections	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections		
Manuscript Number (if kno	Own): Click or tap here to enter text.			
content of your manuscript affected by the content of t indicate a bias. If you are in The author's relationships/ epidemiology of hypertensit that medication is not men	support for the work reported in this manuscript wi	t-for-profit third parties whose interests may be at to transparency and does not necessarily (interest, it is preferable that you do so.)  example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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		Time frame: past 36 month	s			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Service S				
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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:			5/17/2022		
Your Name:			Jean Hamilton		
Manuscript Title:			Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections		
Mar	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 mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in the content of the content			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
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Date:		_5/	17/2022		
Your Name:		Cla	Claire Rothery		
Manuscript Title:		ı	nal report for the technology evaluation o	of cefiderocol for treating severe aerobic Gram-	
Ма	nuscript Number (if kn	nown): Cl	ick or tap here to enter text.		
con 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.				
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			ntities with whom you have this 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	□ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	Policy Res the Policy Evaluation	nstitute for Health Research (NIHR) earch Programme, conducted through Research Unit in Economic Methods of in Health and Social Care ons, PR-PRU-1217-20401	Payment made to respective institutions	
	charges, etc.)  No time limit for			Click the tab key to add additional rows.	
	this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  None	•		

Royalties or

licenses

**⊠** None

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	National Institute for Health Research (NIHR) Policy Research Programme, conducted through the Policy Research Unit in Economic Methods of Evaluation in Health and Social Care Interventions, PR-PRU-1217-20401	
8	Patents planned, issued or pending	Image: square of the square o	
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	

		relationship or indicate none (add rows as needed)	made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None  HTA Commissioning Committee 2021-2025		
<b>Plea</b> s	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:		_	2/7/2023		
Your Name:		_	Laura Bojke		
Manuscript Title:		<u>-</u>	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections		
Maı	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 mar			e ask you to disclose all relationships/activities/interests listed below that are related to the sted" 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 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	
	em #1 below, report ne for disclosure is th			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)	
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			. 9		
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa Policy F the Polic Evaluati	I Institute for Health Research (NIHR) Research Programme, conducted through cy Research Unit in Economic Methods of ion in Health and Social Care ntions, PR-PRU-1217-20401	Payment made to respective institutions  Click the tab key to add additional rows.	
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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	National Institute for Health Research (NIHR) Policy Research Programme, conducted through the Policy Research Unit in Economic Methods of Evaluation in Health and Social Care Interventions, PR-PRU-1217-20401 Committee member for Technology Appraisals committee B. November 2019-November 2022. Committee member for HS&DR, NIHR. November 2019 to present.	
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	□ None	

ľ		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)
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None	
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.		

ICIVIJE DISCLOSURE FORIVI			
Date:	e: 6/21/2022		
Your Name:	Dur Name: Mark Sculpher		
Manuscript Title:	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections		
Manuscript Number (if k	nown): Click or tap here to enter text.		
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not medicated in item #1 below, report	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.	National Institute for Health Research (NIHR) Policy Research Programme, conducted through the Policy Research Unit in Economic Methods of Evaluation in Health and Social Care Interventions, PR-PRU-1217-20401	Payment made to respective institutions  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	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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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	Mark Sculpher has been a paid consultant to various life sciences companies, none relating to antimicrobials.	
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:	6/29/2023			
Your Name:	Sue Harnan			
Manuscript Title:	Final report for the technology evaluation of cefiderocol for treating severe aerobic Gramnegative bacterial infections			
Manuscript Number (if know	wn): Click or tap here to enter text.			
content of your manuscript. affected by the content of the indicate a bias. If you are in The author's relationships/accepidemiology of hypertension that medication is not mention in item #1 below, report all seconds.	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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None	
13	Other financial or non-financial interests	None	
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