

## ICMJE DISCLOSURE FORM

**Date:** 9/9/2022

**Your Name:** David Cottrell

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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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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	
		Co-chair of NIHR Advanced Fellowship Committee	Honorarium paid to me
		Chair of BeST TSC & IVY DMEC	

		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	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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:** 8/11/2021

**Your Name:** Emma Diggins

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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**Date:** 8/23/2022

**Your Name:** Amanda J Farrin

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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**Your Name:** Click or tap here to enter text.

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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>10</b>	Leadership or fiduciary role in other board,	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 8/5/2022

**Your Name:** Donna Irving

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD).  
Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).</td> <td>Paid to Institution</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>	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution			Click the tab key to add additional rows.		
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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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:** 8/11/2021

**Your Name:** Dr Faraz Mughal

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD).  
Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Doctoral Fellowship NIHR300957</td> <td>Paid to Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR Doctoral Fellowship NIHR300957	Paid to Institution			Click the tab key to add additional rows.	
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Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Doctoral Fellowship NIHR300957. This work was supported by the National Institute for Health Research (NIHR) Greater Manchester Patient Safety Translational Research Centre (award number: PSTRC-2016-003)</td> <td>Paid to Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIHR Doctoral Fellowship NIHR300957. This work was supported by the National Institute for Health Research (NIHR) Greater Manchester Patient Safety Translational Research Centre (award number: PSTRC-2016-003)	Paid to Institution				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None  <table border="1"><tr><td>Chair of DMEC, NIHR ASSURED programme RP-PG-0617-20004.</td><td>Unpaid</td></tr><tr><td>Member SSC, CASCADE study, NIHR RfPB NIHR203506</td><td>Unpaid</td></tr><tr><td></td><td></td></tr></table>	Chair of DMEC, NIHR ASSURED programme RP-PG-0617-20004.	Unpaid	Member SSC, CASCADE study, NIHR RfPB NIHR203506	Unpaid			
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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Co-lead of NIHR School for Public Health Research PHRESH consortium Public Mental Health Theme	Unpaid
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 9/14/2021

**Your Name:** Dennis Ougrin

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD).  
Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	
		NIHR National Institute For Health & Care Research	Paid to Institution
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		Pain perception in looked after young people with self-harm, Medical Research Council	Paid to Institution
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 9/14/2021

**Your Name:** Daniel Stahl

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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:** 8/12/2022

**Your Name:** Alex Truscott

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD).  
Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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

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

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Time frame: Since the initial planning of the work								
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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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:** 8/10/2022

**Your Name:** Rebecca EA Walwyn

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 6/19/2023

**Your Name:** Judy M Wright

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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>NIHR EME      ARIEL: A biomarker enrichment trial of anti-EGFR agents in patients with advanced colorectal cancer with wild-type RAS and right primary tumour location. NIHR129268</p> <p>NIHR HTA      Biologics in refractory vasculitis (BIOVAS): A pragmatic, randomised, double-blind, placebo-controlled, modified-crossover trial of biologic therapy for refractory primary non-ANCA associated vasculitis in adults and children. 17/83/01</p> <p>NIHR i4i      CanSense-CRC : Development and optimisation of a blood test for the early detection of bowel cancer in primary care. NIHR202909</p> <p>NIHR HS&amp;DR    Caring Optimally: promoting effective Mouth MInuTes in care homes (COMMIT Study). NIHR131506</p> <p>NIHR HTA      DANTE - A randomised phase III trial to evaluate the duration of anti-PD1 monoclonal antibody treatment in patients with metastatic melanoma. 15/57/66</p> <p>NIHR PGfAR    Developing and evaluating a diabetes self-management intervention for people with severe mental illness: The DIAMONDS programme (Diabetes and Mental Illness, Improving Outcomes and Self-management). RP-PG-1016-20003</p> <p>NIHR i4i      Using digital health to transform the management of long-term conditions in the NHS: Assessing real-world patient experience and empowerment and improvements to productivity and capacity. NIHR202164</p> <p>NIHR HS&amp;DR    An evaluation of quality improvement collaboratives aligned to a national audit to improve the uptake of insulin pumps for people with diabetes. NIHR151848</p> <p>NIHR PGfAR    Function REplacement in repeated Self-Harm: Standardising Therapeutic Assessment and the Related Therapy: FReSH START. RP-PG-1016-20005</p> <p>NIHR PHR      Evaluation of a sustainable obesity prevention programme delivered at scale 'HENRY': Effectiveness, cost-effectiveness and its role in obesity prevention within the wider complex system. NIHR135081</p> <p>NIHR HTA      A multicentre, randomised controlled trial of Laparoscopic versus Open Colorectal Surgery in the Acute Setting. NIHR128815</p> <p>NIHR HTA      Mammographic surveillance in breast cancer patients aged 50 years or older. 11/25/03</p> <p>NIHR HS&amp;DR    Evidence synthesis REcruiting and RetAining nurses, and carers in Care Homes: what works, for which staff, under what circumstances, and at what cost? The REACH Realist Review. NIHR131016</p> <p>NIHR HS&amp;DR    Developing Realist Economic Evaluation Methods (REEM) and Guidance to Evaluate the Effectiveness, Costs, and Benefits of Complex Interventions. NIHR135102</p> <p>NIHR RIGHT    Developing and evaluating an adapted behavioural activation intervention for people with depression and diabetes in South Asia. NIHR200806</p>	

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 8/8/2022

**Your Name:** Alexandra Wright-Hughes

**Manuscript Title:** Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias

**Manuscript Number (if known):** N/A

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).</td> <td style="width: 40%;">Paid to Institution</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>	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution			Click the tab key to add additional rows.		
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Click the tab key to add additional rows.									
Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).</td> <td style="width: 40%;">Paid to Institution</td> </tr> <tr> <td>AWH has received grants from NIHR (HTA, PGfAR).</td> <td>Paid to Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution	AWH has received grants from NIHR (HTA, PGfAR).	Paid to Institution			
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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