Date:	11/12/2021
Your Name:	Natalie Ives
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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.

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

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

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

Date:	11/19/2021
Your Name:	Alisha Maher
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

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

Date:	1/6/2022
Your Name:	Dr Christopher Poyner
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

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

Date:	12/1/2021
Your Name:	Ciara Harris
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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.

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

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

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

Date:			12/1/2021		
Your Name:			Ruth Riley		
Manuscript Title:			Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT		
Ma	nuscript Number (if l	known):	Click or tap here to enter text.		
cor affe	tent of your manuscrected by the content	ript. "Rela of the mar			
epi		ension, you	<del>-</del>	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		to institute as co-investigator.	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR12 on and been a qualita Mar 20 Chief II Birmin 20023.	nvestigator. University of Birmingham. 29341 HS&DR. Identifying the impact support needs of NHS staff who have ffected by the suicide of a colleague: a tive suicide postvention study. Funded: 121 – Feb 2023. £432,627  nvestigator. University of gham. NIHR RfPB PB-PG-0418-A mixed method study to identify g conditions and work cultures		

		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)
		associated with psychological distress and suicidality among junior doctors working in the NHS. Oct 2019-Jul 2021. £149, 500	
3	Royalties or licenses	None	
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     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
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:			
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

3 8/26/2021 ICMJE Disclosure Form

Date:		12/6/2021			
Your Name:		Sarah Tearne			
Manuscript Title:			Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT		
Ma	nuscript Number (if k	<b>known):</b> Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		irency, we ask you to disclose all relationships/activiti ipt. "Related" means any relation with for-profit or n of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activite os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu entioned in the manuscript.	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily //interest, it is preferable that you do so.  example, if your manuscript pertains to the		
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript very past 36 months.	vithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ None  Funding from NIHR	To cover the following: Trial Manager, Data manager, Statistician, Analyst programmer, Oversight for trials team, oversight for statistician and oversight for programming, Quality assurance  Click the tab key to add additional rows.		
		Time frame: past 36 montl	าร		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non			

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

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

Date:	11/11/2021
Your Name:	Nicola R Heneghan
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

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

Date:6	5/11/2021
Your Name:Elizabeth	n Sapey
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing
the Health of NHS St	caff (eTHOS) pilot RCTe
Manuscript number	(if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of 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.		
		Time frame: past	36 months
2	Grants or contracts from	Wellcome Trust	Grant
	any entity (if not indicated	MRC	Grant
	in item #1 above).	NIHR EME	Grant
		NIHR HTA	Grant
		HDR-UK	Grant
		BLF	Grant
		EPSRC	Grant
		Alpha 1 Foundation	Grant

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	GSK	Honoraria for lecture about COVID treatments
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	AstraZeneca	Virtual conference attendance at ERS 2020
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	BI	Advisory board for COPD
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

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

Date:	1/1/2022
Your Name:	Pollyanna Hardy
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

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

Date:	12/6/2022
Your Name:	Florence Edwards
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

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

Date:	12/16/2021			
Your Name:	Gareth Walters			
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT			
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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

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

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

Date:			12/14/2021		
Your Name:			Professor hugh rickards		
Manuscript Title:			Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT		
Mai	nuscript Number (if kr	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities ated" means any relation with for-profit or not nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/	-for-profit third parties whose interests may be to transparency and does not necessarily	
epic	·	ision, yo	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all support frame for disclosure is the past 36 r			rt for the work reported in this manuscript with months.	hout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
				made to you or to your institution)	
1		relation	ship 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 charges, etc.)	relation	Ship or indicate none (add rows as needed)  Time frame: Since the initial planning lone	made to you or to your institution)  of the work  Click the tab key to add additional rows.	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.	

#1 above).

Royalties or

licenses

None

3

		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  Consulting fees from Roche and Novartis for Advisory Boards	Money paid to me but donated to the Huntington's Disease Association (England and Wales)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Physio for FND DMEC chair Commend (ACT in MND) DMEC chair	
10	Leadership or fiduciary role in other board, society, committee or advocacy group,	□ None  Chair of Huntington's Disease Association board of trustees  Chair of the UK Huntington's disease network	Unpaid Unpaid
	paid or unpaid		

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

Date:	11/12/2021
Your Name:	Ingrid du Rand
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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.

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

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

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

Date:	1/20/2022
Your Name:	Kate Jolly
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

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

Date:	12/16/2021
Your Name:	Kiran Rai
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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.

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

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

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

Date:	11/17/2021			
Your Name:	Lucy Cooper			
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT			
Manuscript Number (if known):	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the man	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.				
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				

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

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

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	•	e following statement to indicate your agreement your agr	

Date:			12/7/2021	
Your Name:			Margaret E O'Hara	
Manuscript Title:			Health screening clinic to reduce absent Enhancing the Health of NHS Staff (eTH	teeism and presenteeism among NHS Staff: OS) pilot RCT
Maı	nuscript Number (if k	(nown):	Click or tap here to enter text.	
con affe	tent of your manuscr cted by the content o	ipt. "Re of the m		
epic		nsion, y		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		ort for the work reported in this manuscript w 6 months.	ithout time limit. For all other items, the time
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		Time frame: Since the initial planning  None	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.

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

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

	ICMJE DISCLOSURE FORM	
Date:	1/20/2022	
Your Name:	Peymane Adab	
Manuscript Title:	Health screening clinic to reduce absention Enhancing the Health of NHS Staff (eTH	teeism and presenteeism among NHS Staff: OS) pilot RCT
Manuscript Number (if know	(n): Click or tap here to enter text.	
content of your manuscript. affected by the content of th indicate a bias. If you are in o  The author's relationships/ac epidemiology of hypertensio that medication is not mention	upport for the work reported in this manuscript w	ot-for-profit third parties whose interests may be not 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
Nar	ne all entities with whom you have this	Specifications/Comments (e.g., if payments were

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
	tino item.	T: (	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months  ■ None  NIHR grants, including: RP-PG-0109-10061, RP-DG-1215-10002, 14/185/13, NIHR132630, 16/137/95, 17/128/04, 17/92/39, NIHR129593	Research grants (Institution)
	,	MRC Yong Ning Pharmaceuticals Ltd Co. COLT Foundation	Research grant (Institution) Research grant (Institution) Research grant (Institution)
3	Royalties or licenses	None None	

P		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None  NIHR Funding Committee and related meetings Irish Health Research Board Funding Committee	Travel and accommodation costs  Travel, accommodation and honorarium
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair of TSC for NIHR Funded MapMe trial (2020-) Chair of TSC for NIHR funded Action 3:30 feasibility study (completed 2019) Chair of NIHR Funded Fellowship to evaluate HENRY (completed 2019) Member of MRC funded Natural Experiments Evaluations Project Oversight Group (ongoing)	Unfunded Unfunded Unfunded Unfunded
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Output assessor for Panel A, subpanel 2 (Public Health, Health Services and Primary Care ) in 2021 Research Excellence Framework  Member of Obesity Health Alliance Independent Obesity Strategy Working Group, 2019-2021	Personal payment Unfunded

		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)
		Chair of NIHR Public Health Research Funding Committee	Institution payment
		Deputy Director of NIHR School for Public Health Research	Institution payment
		Member of Wellcome Trust Early Career Advisory Group in Population and Public Health	Personal honorarium
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing,		
	gifts or other services		
13	Other financial or non-financial	⊠ None	
	interests	NIHR Palliative and End of Life Care Research Partnerships call panel	Member, Nov 2021
		NIHR/UKRI 'Long COVID' funding call panel (Research into the longer-term effects of COVID- 19 in non-hospitalised individuals)	Member, Jan 2021
		NIHR COVID-19 Recovery and Learning Funding	Member, 2020

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:	2/23/2022
Your Name:	Rachel Adams
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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.

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

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

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

Date:		2/3/2022	2/3/2022		
Your Name:		Rachel Jordan	Rachel Jordan		
Manuscript Title:			Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT		
Mar	nuscript Number (if k	nown): Click or tap here to enter text.	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		all support for the work reported in this manuscript v	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ None  NIHR	Grant to Institution  Click the tab key to add additional rows.		
		Time frame: past 36 mont	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  MRC	Grant to Institution		
3	Royalties or licenses	None     Non			

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

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

Date:	11/12/2021
Your Name:	Mrs Sheriden Bevan
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

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

Date:	11/11/2021
Your Name:	Dr Steven Sadhra
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
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:	11/19/2021
Your Name:	Professor Sue Jowett
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	HTA Funding Committee Policy Group (formerly CSG) HTA Evaluation and Trials Committee

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

Date	e:		12/9/2021		
Your Name:			Timothy Barrett		
Manuscript Title:			Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT		
Mar	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man		ript. "Rela of the mar	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.		
epid	•	ension, you		xample, 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)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	⊠ No	one	Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item	MRC DE		Clinical Trial in Wolfram syndrome Improving outcomes in childhood diabetes	
	#1 above).	LifeARc		Pathomechanisms of neurodegeneration	
3	Royalties or licenses	⊠ No	one		

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4	Consulting fees	□ None	
		Novo Nordisk	Member, Global Expert Panel Childhood type 2 diabetes
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers	Novo Nordisk	Presenting results of Elipse study
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	□ None	
		Novo Nordisk	Attending results meeting for Elipse study
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board, society,		
	committee or advocacy group, paid or unpaid		

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13	Other financial or non-financial interests		None	
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Date:	11/11/2021
Your Name:	Tom Marshall
Manuscript Title:	Health screening clinic to reduce absenteeism and presenteeism among NHS Staff: Enhancing the Health of NHS Staff (eTHOS) pilot RCT
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Expert Panel for the Review of the NHS Health Check Programme Dec 20 to July 21	No payments

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