Date:		<u>-</u>	2/6/2023		
Your Name:		_	Anthony J King		
Manuscript Title:		<u>-</u>	In-home Tracking of glaucoma: Reliability, A	acceptability, and Cost: the I-TRAC Study	
Mai	nuscript Number (if k	(nown):	NIHR129248		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activities.		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. 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.		
	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	
1	All support for the	□ No	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		has received funding from the pharma y Boards and conference organisers	Click the tab key to add additional rows. acceutical industry for contributions to for attendance / speaking at conferences	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			aceutical industry for contributions to for attendance / speaking at conferences	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Advisor	y Boards and conference organisers Time frame: past 36 month one	aceutical industry for contributions to for attendance / speaking at conferences	

		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	
		Abbvie	Alcon
		Thea	Santen
		Sight Sciences	
5	Payment or honoraria for	□ None	
	lectures,		
	presentations,		
	speakers bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for expert testimony	None	
_			
7	Support for	⊠ None	
	attending meetings and/or		
	travel		
8	Patents planned,	None	
	issued or		
	pending		
0	Dortisination	None	
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or	□ None	
	fiduciary role in		
	other board,	Chairman of Glaucoma UK)	
	society,		
	committee or		
	advocacy group, paid or unpaid		
	Paid of dispaid		

ľ		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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	A King has received funding from the pharmaceutical industry for contributions to Advisory Boards and conference organisers for attendance / speaking at conferences		
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:	10/11/2023
Your Name:	Augusto Azuara-Blanco
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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.

		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)
		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	
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	Member of HTA Prioritisation Committee B Member of NICE interventional procedures committee Member of HTA Funding Committee Clinical Evaluation and Trials	unpaid unpaid unpaid

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

Date:	2/6/2023		
Your Name:	Andrew J Tatham		
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study		
Manuscript Number (if known):	NIHR129248		
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.			
n 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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the \boxtimes None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts from any entity (if not Abbvie indicated in item Glaucoma UK #1 above). Royalties or \boxtimes 3 None licenses

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

		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	A Tatham has received funding from the pharmaceutical industry for contributions to consulting, lectures and/or presentations, and Advisory Board participation		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

3 12/13/2021 ICMJE Disclosure Form

Date:			2/11/2023		
Your Name:			Dr Katie Gillies		
Manuscript Title:			NIHR129248		
Mai	nuscript Number (if kr	nown):	In-home Tracking of glaucoma: Reliability, A	acceptability, and Cost: the I-TRAC Study	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub? The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		pt. "Rela f the man in doubt s/activition ision, you intioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l 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)	
			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	Scottish	n Funding Council COVID-19 grant on and bridging fund	Payment made to Institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Scottish	n Funding Council COVID-19 grant		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Scottish	n Funding Council COVID-19 grant on and bridging fund	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	Scottish	n Funding Council COVID-19 grant	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 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	HAND-2 (NIHR HTA) Trial Steering Committee member RIGHT trial (HSDR) Trial Steering Committee member FLARE (NIHR HTA) Trial Steering Committee member PLAN-IT (NIHR HTA) Study Steering Committee member CASSAVA (NIHR HTA) Study Steering Committee member COB-MS (HRB) Trial Steering Committee Chair	Ongoing Ongoing Ongoing Complete Complete Complete
10	Leadership or fiduciary role in other board,	□ None Committee member NIHR CET committee	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments with made to you or to your institution)	vere
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None K Gillies is a member of the NIHR HTA Clinical Evaluations and Trials Committee	
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:	Click or tap to enter a date. 28th March 2023
Your Name:	Nana Appiah
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the	

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		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)
		Time frame: Since the initial plannin	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 mon	hs
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 pay made to you or to your institution)	ments were
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	Image: square of the property of the propert	
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	

			Comments (e.g., if payments were r 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:	2/7/2023
Your Name:	Dr. Carrie Stewart
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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			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)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
		f 1	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	12/3/2023
Your Name:	Hangjian Wu
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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			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)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
		f 1	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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

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

Date:	2/6/2023
Your Name:	Uma Alagappan
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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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)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	3
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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:	2/3/2023
Your Name:	Augusto Azuara-Blanco
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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			ecifications/Comments (e.g., if payments were ade to you or to your institution)
		Time frame: Since the initial planning of the	ne work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Click Time frame: past 36 months	k 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:		-	2/7/2023		
Your Name:		-	Anthony King		
Manuscript Title:		·-	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study		
Maı	nuscript Number (if k	known):	NIHR129248		
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		ript. "Rela of the mar e in doubt os/activitie ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. 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.		
	em #1 below, report ne for disclosure is th			cript without time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as nee	Specifications/Comments (e.g., if payments were eded) made to you or to your institution)	
			Time frame: Since the initial pla	anning of the work	
1	All support for the	□ Nc	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	HTA NIH	Time frame: past 36 HR – TAGS HR - GRIP HR - ACE ma UK – Complication Glaucoma Surge	Payment to institution Payment to Institution Payment to Institution	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Moorfields International Glaucoma Meeting Thea Ireland Cornea and Glaucoma meeting	Personal payment Personal payment
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	Abbvie Advisory Board SightSciences Advisory Board	Personal payment Personal payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chairman/Trustee Glaucoma UK	No payment

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

Date: 2/6/2023			
Your Name:	Andrew J Tatham		
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study		
Manuscript Number (if known): NIHR129248			
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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.			
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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the \boxtimes None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts from any entity (if not Abbvie indicated in item Glaucoma UK #1 above). Royalties or \boxtimes 3 None licenses

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

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

Da	te:	2/21/2023			
Yo	ur Name:	Rodolfo Hernández	Rodolfo Hernández		
Manuscript Title:		In-home Tracking of glaucoma: Reliability, A	Acceptability, and Cost: the I-TRAC Study		
Ma	nuscript Number (if kr	own): Click or tap here to enter text.			
cor affi ind The epi tha	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.	Funding from the National Institute for Health Research. Project reference NIHR129248	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).	Time frame: past 36 month 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	Image: square of the square o	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

		TOMBE DISCLOSURE	ORM		
Date:		2/10/2023	2/10/2023		
Your Name:		Dr Bruce Lowe	Dr Bruce Lowe		
Manuscript Title:		In Home Tracking of Glaucoma, Reliability	,Acceptability and Cost The ITRAC Study		
	nuscript Number (if wn):	NIHR 129248			
of your manuscript. "Related" me the content of the manuscript. Dis are in doubt about whether to list		elated" means any relation with for-profit or not-for-pro- cript. Disclosure represents a commitment to transpare	e ask you to disclose all relationships/activities/interests listed below that are related to the content cans any relation with for-profit or not-for-profit third parties whose interests may be affected by sclosure represents a commitment to transparency and does not necessarily indicate a bias. If you a relationship/activity/interest, it is preferable that you do so.		
epid	lemiology of hyperter	nsion, you should declare all relationships with manufa oned in the manuscript.			
In item #1 below, report all support for disclosure is the past 36 month		all support for the work reported in this manuscript wir 36 months.	thout time limit. For all other items, the time frame		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present	□ None			
	manuscript (e.g.,	Token payment for participating in this study	University of Aberdeen		
	funding, provision of study materials,		Click the tab key to add additional rows.		
	medical writing,		· · · · · · · · · · · · · · · · · · ·		
	article processing charges, etc.)				
	No time limit for this item.				
		Time frame: past 36 month	ns.		
2	Grants or	⊠ None			
	contracts from				
	any entity (if not indicated in item				
	#1 above).				
2	D lt:	57 N			
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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	See 1	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:	2/10/2023
Your Name:	Darian Shotton
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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		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)
		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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

Date:	03/02/2023
Your Name:	Dr Taylor Coffey
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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		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)
		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	
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	
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:	2/3/2023
Your Name:	Thenmalar Vadiveloo
Manuscript Title:	In-home Tracking of glaucoma: Reliability, Acceptability, and Cost: the I-TRAC Study
Manuscript Number (if known):	NIHR129248

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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.

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/Co	mments (e.g., if payments were your institution)
		Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Click the tab key to add Time frame: past 36 months	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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:			2/7/2023		
Your Name:			Graeme MacLennan		
Manuscript Title:			In-home Tracking of glaucoma: Reliability, A	Acceptability, and Cost: the I-TRAC Study	
Mai	nuscript Number (if l	known):	NIHR129248		
In the interest of transparency, we 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 epidemiology of hypertension, yo that medication is not mentioned.		ript. "Rela of the man e in doubt os/activition entioned all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l 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)	
			Time frame: Since the initial planning	of the work	
1	All support for the present				
1	present		one		
		UK NIH		Grant payment to Institution	
	present manuscript (e.g., funding, provision of study materials,			Grant payment to Institution Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		R	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	UKNIH	R Time frame: past 36 month	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	UKNIH	R	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	UKNIH	R Time frame: past 36 month	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	UKNIH	R Time frame: past 36 month	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	UKNIH	R Time frame: past 36 month	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	UK NIH	R Time frame: past 36 month	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 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	

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

Date:			2/11/2023		
Your Name:			Dr Katie Gillies		
Manuscript Title:			NIHR129248		
Ма	nuscript Number (if k	nown):	In-home Tracking of glaucoma: Reliability, A	Acceptability, and Cost: the I-TRAC Study	
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 epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the ma e in doub os/activitionsion, you entioned all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time		
		·			
			l 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)	
			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.	Scottish	one n Funding Council COVID-19 grant on and bridging fund	Payment made to Institution	
				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).		one		
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 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	HAND-2 (NIHR HTA) Trial Steering Committee member RIGHT trial (HSDR) Trial Steering Committee member FLARE (NIHR HTA) Trial Steering Committee member PLAN-IT (NIHR HTA) Study Steering Committee member CASSAVA (NIHR HTA) Study Steering Committee member COB-MS (HRB) Trial Steering Committee Chair	Ongoing Ongoing Ongoing Complete Complete Complete
10	Leadership or fiduciary role in other board,	□ None Committee member NIHR CET committee	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	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.		