

ICMJE DISCLOSURE FORM

Date: 9/5/2023

Your Name: Alison Eastwood

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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

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

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

ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Chinyereugo M. Umemneku-Chikere

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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

ICMJE DISCLOSURE FORM

Date: 9/11/2023

Your Name: Helen Fulbright

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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

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Date: 9/5/2023

Your Name: Nyanar Jasmine Deng

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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Date: 9/5/2023

Your Name: Melissa Harden

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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

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

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ICMJE DISCLOSURE FORM

Date: 2/8/2024

Your Name: Rachel Churchill

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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		review and co-production of an intervention tool kit to improve health.	
		PRANAIYA & ARTHUR MAGOFFIN FOUNDATION(PAM). Maternal Mental Health Review.	Principle Investigator, payments made to the University of York
		NIHR. Global Health Research. ImProving Mental And PhysiCal Health Together (IMPACT)	Co-Investigator, payments made to the University of York
		ESRC UKRI Cross-Disciplinary Mental Health Network Plus. Closing the Gap	Co-Investigator, payments made to the University of York
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	NIHR Evidence Synthesis Programme Advisory Group (2016-2020)
			Role as Cochrane Coordinating Editor Representative on this Advisory Group during the period when NIHR provided infrastructure funding for UK-based Cochrane Review Groups. Membership of this group ceased following the early June meeting in 2020.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Robert Hodgson

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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ICMJE DISCLOSURE FORM

Date: 9/5/2023

Your Name: Ros Wade

Manuscript Title: Initial assessment and management of people aged 16 years or over with suspected acute respiratory infection: a rapid evidence synthesis of clinical evidence reviews and cost-effectiveness studies

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

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