Date:	1/6/2023
Your Name:	Claire Vale
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
Manuscript Number (if known):	Click or tap here to enter text.

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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)
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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)
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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	
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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.		

ICIVIJE DISCLOSURE FORIVI			
Date:	12/12/2022		
Your Name:	Dr Danielle Roberts		
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness		
Manuscript Number (if known):	Manuscript Number (if known): Click or tap here to enter text.		
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frame for disclosure is the past 36 months.

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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	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., 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 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:	12/8/2022
Your Name:	Elena Pizzo
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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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:	1/10/2023
Your Name:	Omer Aziz
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
Manuscript Number (if known):	Click or tap here to enter text.

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7	Support for attending meetings and/or travel	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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1/19/2023		
Dr Sonam Patel		
Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness		
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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.		
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3	Royalties or licenses	None None □	

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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	
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:		12/6/2022	12/6/2022	
Your Name:		Brian R Davidson	Brian R Davidson	
Manuscript Title:		(CRS) versus CRS and systemic chemother peritoneal metastases from colorectal, ox	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness	
Mai	nuscript Number (if kr	nown): TBC		
content of your manuscript. "Relat affected by the content of the man		pt. "Related" means any relation with for-profit or f the manuscript. Disclosure represents a commitm	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.	
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	em #1 below, report a ne for disclosure is the	all support for the work reported in this manuscript e past 36 months.	without 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		
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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	g of the work 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.	
	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	None Time frame: past 36 mon	Click the tab key to add additional rows.	

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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	
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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	
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	ICMJE DISCLOSURE FO	RM		
Date:	1/11/2023	1/11/2023		
Your Name:	Kurinchi Selvan Gurusamy	Kurinchi Selvan Gurusamy		
Manuscript Title:	(CRS) versus CRS and systemic chemotherage peritoneal metastases from colorectal, ovar	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness		
Manuscript Number (if kn	uscript Number (if known): _ Click or tap here to enter text.			
content of your manuscrip affected by the content of indicate a bias. If you are The author's relationships epidemiology of hypertent that medication is not med	ency, we ask you to disclose all relationships/activitie of. "Related" means any relation with for-profit or no the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity, /activities/interests should be defined broadly. For esion, you should declare all relationships with manufantioned in the manuscript. Il support for the work reported in this manuscript we past 36 months.	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		
	Name all entities with whom you have this	Specifications/Comments (e.g. if navments 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
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		Time frame: past 36 months	s
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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	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	NIHR	
13	Other financial or non-financial interests	None	
r 1	Please place an "X" next to the following statement to indicate your agreement:		
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/6/2023
Your Name:	Mark Saunders
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	ns
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3	Royalties or licenses	None None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None 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:	12/22/2022
Your Name:	Priyal Taribagil
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
Manuscript Number (if known):	Click or tap here to enter text.
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3	Royalties or licenses		None	

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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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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:	10.2.23
Your Name:	_Tim Mould
Manuscript Title:77	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	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		t to the following statement to indicate your agreeme e answered every question and have not altered the wo	

Date:	12/6/2022
Your Name:	Xiao Wei Tan
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

	ICIVIJE DISCLUSURE FURIVI
Date:	12/6/2022
Your Name:	Dr Audrey Linden
Manuscript Title:	Hyperthermic intraoperative peritoneal chemotherapy (HIPEC) with cytoreductive surgery (CRS) versus CRS and systemic chemotherapy or systemic chemotherapy alone in people with peritoneal metastases from colorectal, ovarian or gastric origin: A systematic review, meta-analysis of randomised controlled trials, and cost-effectiveness
Manuscript Number (if kn	own): Click or tap here to enter text.
content of your manuscrip affected by the content of indicate a bias. If you are The author's relationships epidemiology of hypertens that medication is not men	ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. /activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if nationed in the manuscript. Il support for the work reported in this manuscript without time limit. For all other items, the time 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	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	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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	

		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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:	12/6/2021		
You	r Name:	Jeffrey Leung		
Ma	nuscript Title:	(CRS) versus CRS and systemic chemothera	emotherapy (HIPEC) with cytoreductive surgery py or systemic chemotherapy alone in people with rian or gastric origin: A systematic review, metadost-effectiveness	
Ma	nuscript Number (if know	n): TBC	_	
con affe indi The epid	tent of your manuscript. ceted by the content of the cate a bias. If you are in cauthor's relationships/ac	y, we ask you to disclose all relationships/activities "Related" means any relation with for-profit or not manuscript. Disclosure represents a commitment doubt about whether to list a relationship/activity tivities/interests should be defined broadly. For each, you should declare all relationships with manufactionships with manufactionships.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
In it		upport for the work reported in this manuscript w	ithout time limit. For all other items, the time	
		ne all entities with whom you have this	Specifications/Comments (e.g., if payments were	
	Tela	tionship or indicate none (add rows as needed)	made to you or to your institution)	
	Tela	Time frame: Since the initial planning		
1	All support for the present	Time frame: Since the initial planning None	of the work	
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1	All support for the present manuscript (e.g., funding, provision of study materials,	None Ant funding source from National Institute for	of the work Payments made to institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None Ant funding source from National Institute for	of the work Payments made to institution Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None ant funding source from National Institute for ealth and Care Research (NIHR	of the work Payments made to institution 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	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.			

7/12/2023

Date:

any entity (if not indicated in item #1 above).

Your Name:			Sarah T O'Dwyer		
Manuscript Title:			NIHR Journals Library PublicationsHTA Reference: 17/135/02 Cytoreductive surgery with hyperthermic intraoperative peritoneal chemotherapy versus standard of care in people with peritoneal metastases from colorectal, ovarian or gastric origin: Systematic review and individual participant data meta-analyses of effectiveness and cost-effectiveness		
Manuscript Number (if known):		known):	Click or tap here to enter text.		
content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in		ript. "Relation of the mane in doub os/activition os/activition os/activition of all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time		
			ll 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.	NIHR gr	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from	[⊠] N	one		

		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)
3	Royalties or licenses	None None	
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 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,	⊠ 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)
	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	
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.			