

## ICMJE DISCLOSURE FORM

**Date:** 2/27/2024

**Your Name:** John Parkin

**Manuscript Title:** Injury risks for different road users in Nepal: A secondary analysis of routinely collected crash data

**Manuscript Number (if known):** GHR 16/137/49 RA15 NIHR135845

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

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

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

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

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

## ICMJE DISCLOSURE FORM

**Date:** 02/27/2024

**Your Name:** Pratiksha Pathak

**Manuscript Title:** Injury risks for different road users in Nepal: A secondary analysis of routinely collected crash data

**Manuscript Number (if known):** GHR 16/137/49 RA15 NIHR135845

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## ICMJE DISCLOSURE FORM

**Date:** 3/4/2024

**Your Name:** Santosh Bhatta

**Manuscript Title:** Injury risks for different road users in Nepal: A secondary analysis of routinely collected crash data

**Manuscript Number (if known):** GHR 16/137/49 RA15 NIHR135845

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## ICMJE DISCLOSURE FORM

**Date:** 3/4/2024

**Your Name:** Sunil Kumar Joshi

**Manuscript Title:** Injury risks for different road users in Nepal: A secondary analysis of routinely collected crash data

**Manuscript Number (if known):** GHR 16/137/49 RA15 NIHR135845

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

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

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

## ICMJE DISCLOSURE FORM

**Date:** 5/3/2024

**Your Name:** Anish Khadka

**Manuscript Title:** Injury risks for different road users in Nepal: A secondary analysis of routinely collected crash data

**Manuscript Number (if known):** GHR 16/137/49 RA15 NIHR135845

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

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

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

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Time frame: Since the initial planning of the work								
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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:** 4/3/2024

**Your Name:** Julie Mytton

**Manuscript Title:** Injury risks for different road users in Nepal : A secondary analysis of routinely collected crash data

**Manuscript Number (if known):** GHR 16/137/49 RA15 NIHR135845

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

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

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

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<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIHR GHRG programme</td> <td style="width: 50%; padding: 2px;">I received funding for the NIHR Global Health Research Group award from the NIHR Global Health Research programme (Ref 16/137/49).</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	NIHR GHRG programme	I received funding for the NIHR Global Health Research Group award from the NIHR Global Health Research programme (Ref 16/137/49).				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None  <table border="1"><tr><td>University of Bath</td><td>During the lifetime of the NIHR Global Health Group award I chaired a Steering Committee for a UK focused study on sport-related injuries.</td></tr><tr><td></td><td></td></tr></table>	University of Bath	During the lifetime of the NIHR Global Health Group award I chaired a Steering Committee for a UK focused study on sport-related injuries.					
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	advocacy group, paid or unpaid		we had met through our NIHR GHRG award and they subsequently provided a case study used in this guidance.
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
		HTA DPP & MNCH Panels	Member of the panel from 2008 to 2015

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

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

## ICMJE DISCLOSURE FORM

**Date:** 2/29/2024

**Your Name:** Paul Pilkington

**Manuscript Title:** Injury risks for different road users in Nepal: A secondary analysis of routinely collected crash data

**Manuscript Number (if known):** GHR 16/137/49 RA15 NIHR135845

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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