Date:	2/25/2023
Your Name:	Andrew Mumford
Manuscript Title:	Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	This report was commissioned by the NIHR Evidence Synthesis Programme as project number NIHR135620. Time frame: past 36 months None	Click the tab key to add additional rows.
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:	3/1/2023
Your Name:	Ayman Sadek
Manuscript Title:	Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)
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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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., 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	

		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:		-	2/27/2023		
Your Name:		_	Chris Cooper		
Manuscript Title:		<u>-</u>	Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)		
Maı	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ipt. "Rela of the mar e in doubt os/activitie	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.		
-	demiology of hyperted medication is not mo		· · · · · · · · · · · · · · · · · · ·	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	[□] No	one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Evidenc	oort was commissioned by the NIHR e Synthesis Programme as project NIHR135620.	Click the tab key to add additional rows.	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Evidenc	e Synthesis Programme as project		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Evidenc	e Synthesis Programme as project NIHR135620.		
2	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 #1 above).	Evidenc number	e Synthesis Programme as project NIHR135620. Time frame: past 36 month		
	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 #1 above).	Evidenc number	e Synthesis Programme as project NIHR135620. Time frame: past 36 month		
	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 #1 above).	Evidenc number	e Synthesis Programme as project NIHR135620. Time frame: past 36 month		

			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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date	e:		3/1/2023	
Your Name:		•	Catalina Lopez Manzano	
Manuscript Title:			Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)	
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.	
con affe indi The epic that	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.		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	
			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.	This rep	one port was commissioned by the NIHR ce Synthesis Programme as project r NIHR135620.	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).	[⊠] No	one	
3	Royalties or licenses	⊠ No	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)
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 None	
r 1	-	to the following statement to indicate your agreeme	
	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date	e:	<u>-</u>	2/27/2023	
You	r Name:	<u>.</u>	Eve Tomlinson	
Maı	nuscript Title:		Clopidogrel genotype testing after ischaemi (DAP65)	c stroke or transient ischaemic attack (DAR)
Maı	nuscript Number (if I	known):	Click or tap here to enter text.	
con affe indi The	tent of your manuscr cted by the content cate a bias. If you ar author's relationship	ript. "Rela of the mar re in doubt ps/activitie	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, es/interests should be defined broadly. For e	/interest, it is preferable that you do so.
-	t medication is not m	=	•	
	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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing	This rep	oort was commissioned by the NIHR se Synthesis Programme as project r NIHR135620.	Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.			
			Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one	
3	Royalties or licenses	⊠ No	one	

		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	

		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	

Date	e:	-	2/27/2023	
You	Name:		Hayley E Jones	
Man	uscript Title:	<u>-</u>	Clopidogrel genotype testing after ischaem (DAP65)	ic stroke or transient ischaemic attack (DAR)
Man	uscript Number (if I	known):	Click or tap here to enter text.	
cont affect indic The epid	ent of your manuscr cted by the content cate a bias. If you ar author's relationship	ript. "Rela of the mar re in doubt ps/activitie ension, you	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manuf	/interest, it is preferable that you do so.
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	vithout time limit. For all other items, the time
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This rep	oort was commissioned by the NIHR e Synthesis Programme as project NIHR135620.	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).	[⊠] No	one	
3	Royalties or licenses	⊠ No	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)
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:	3/1/2021	
You	ır Name:	Joe Carroll	
Ma	nuscript Title:	Clopidogrel genotype testing after ischaem (DAP65)	ic stroke or transient ischaemic attack (DAR)
Ma	nuscript Number (if k	known): Click or tap here to enter text.	
con affe	tent of your manuscrected by the content of	arency, we ask you to disclose all relationships/activiti ript. "Related" means any relation with for-profit or n of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily
epic	demiology of hyperte	os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manuentioned in the manuscript.	
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript vee past 36 months.	ithout time limit. For all other items, the time
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This report was commissioned by the NIHR Evidence Synthesis Programme as project number NIHR135620.	Click the tab key to add additional rows.
		Time frame: past 36 montl	
2	Grants or	□ None	
	contracts from any entity (if not indicated in item #1 above).		

		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 Wickenstones Itd.	Previous salaried job for a pharmaceutical consultancy in the last 36 months until May 2022.
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	se place an "X" nex	t to the following statement to indicate your agreeme	nt:
	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date	e:	2/28/2028	
You	r Name:	John Knight	
Mar	nuscript Title:	Clopidogrel genotype testing after isch (DAP65)	aemic stroke or transient ischaemic attack (DAR)
Mar	nuscript Number (if k	nown): Click or tap here to enter text.	
con affe indi	tent of your manuscrected by the content of cate a bias. If you are author's relationship	ipt. "Related" means any relation with for-profit of the manuscript. Disclosure represents a commine in doubt about whether to list a relationship/actors/activities/interests should be defined broadly.	ivity/interest, it is preferable that you do so. For example, if your manuscript pertains to the
-		nsion, you should declare all relationships with mentioned in the manuscript.	anufacturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		pt without time limit. For all other items, the time
		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plan	ning of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials,	This report was commissioned by the NIHR Evidence Synthesis Programme as project number NIHR135620.	Payment for time.
	funding, provision of study materials, medical writing,	1 *	
	funding, provision of study materials,	Evidence Synthesis Programme as project	Payment for time. Click the tab key to add additional rows.
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Evidence Synthesis Programme as project	Click the tab key to add additional rows.
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Evidence Synthesis Programme as project number NIHR135620.	Click the tab key to add additional rows.
2	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 #1 above).	Evidence Synthesis Programme as project number NIHR135620. Time frame: past 36 m	Click the tab key to add additional rows.
	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 #1 above).	Evidence Synthesis Programme as project number NIHR135620. Time frame: past 36 m None	Click the tab key to add additional rows.
	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 #1 above).	Evidence Synthesis Programme as project number NIHR135620. Time frame: past 36 m None	Click the tab key to add additional rows.

			ns/Comments (e.g., if payments were u 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	Image: Second content of the content	
7	Support for attending meetings and/or travel	None Time for attending meetings and travel.	
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:			2/28/2023		
Your Name:			Lorraine Rowsell		
Manuscript Title:			Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities		ript. "Rela of the mar e in doubt os/activition 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		·	ithout time limit. For all other items, the time	
			entities with whom you have this thip 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	
	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.	This rep	oort was commissioned by the NIHR se Synthesis Programme as project r NIHR135620.	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).		one		
3	Royalties or licenses	⊠ No	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)
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	As one of the two lived experience participants on this project I have received expenses of £25 per hour x 4.5 = £112.50 plus mileage of £7.20 total amount received is £119.70
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			all entities with whom you have this aship 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	[⊠] N	lone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		lone	
13	Other financial or non-financial interests	⊠ N	lone	
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:			2/24/2023		
You	r Name:		Nicky J Welton		
Manuscript Title:			Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epid	-	ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		•	ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
3	Royalties or licenses	⊠ No	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Association of the British Pharmaceutical Industry (ABPI) Takeda	I receive honoraria for delivery of masterclasses on methods for evidence synthesis on behalf of the NICE Decision Support Unit for ABPI. I teach 1 or 2 masterclasses per year. I delivered a training workshop to Takeda on multi-level network meta-regression. Payment was made to my institution not to me personally. August 2021
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:	2/28/2023
Your Name:	Rachel Palmer
Manuscript Title:	Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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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)
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	UKCPA Genomics Committee Membership Lead	Unpaid, voluntary basis. UKCPA= UK Clinical Pharmacists Association

		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:		2/28/2023			
Your Name:		Will Hollingworth	Will Hollingworth		
Manuscript Title:		Clopidogrel genotype testing after ischaem (DAP65)	Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)		
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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. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme re in doubt about whether to list a relationship/activity ps/activities/interests should be defined broadly. For e ension, you should declare all relationships with manuf	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 muscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript whe past 36 months.	vithout time limit. For all other items, the time		
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	this item.				
		Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	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 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:			3/1/2022		
Your Name:		<u>-</u>	Penny Whiting		
Manuscript Title:		-	Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack (DAR) (DAP65)		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
		nsion, you	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all suppor frame for disclosure is the past 36			•	ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This rep	oort was commissioned by the NIHR ce Synthesis Programme as project r NIHR135620.	Click the tab key to add additional rows.	
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3	Royalties or licenses	No.	one		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
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