

ICMJE DISCLOSURE FORM

Date: 15/8/2023

Your Name: Ayobami Fasuba

Manuscript Title: Views of healthcare workers to help develop support for people with post-COVID syndrome in Nigeria: a survey study

Manuscript Number (if known): GHR 17/63/20 RA1 NIHR135667

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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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: 25/08/2023

Your Name: Ilaria Pina

Manuscript Title: Views of healthcare workers to help develop support for people with post-COVID syndrome in Nigeria: a survey study

Manuscript Number (if known): GHR 17/63/20 RA1 NIHR135667

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ICMJE DISCLOSURE FORM

Date: 16/8/2023

Your Name: Laura Wilde

Manuscript Title: Views of healthcare workers to help develop support for people with post-COVID syndrome in Nigeria: a survey study

Manuscript Number (if known): GHR 17/63/20 RA1 NIHR135667

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ICMJE DISCLOSURE FORM

Date: 15/8/2023

Your Name: Mark Orme

Manuscript Title: Views of healthcare workers to help develop support for people with post-COVID syndrome in Nigeria: a survey study

Manuscript Number (if known): GHR 17/63/20 RA1 NIHR135667

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Date: 15/8/2023

Your Name: Sally Singh

Manuscript Title: Views of healthcare workers to help develop support for people with post-COVID syndrome in Nigeria: a survey study

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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: 15/8/2023

Your Name: Zainab K Yusuf

Manuscript Title: Views of healthcare workers to help develop support for people with post-COVID syndrome in Nigeria: a survey study

Manuscript Number (if known): GHR 17/63/20 RA1 NIHR135667

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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