		ICMJE DISCLOSURE FO	RM
Date:		4/26/2022	
Your Name:	-	Lindsay Rees	
Manuscript Title:	<u>.</u>	Protecting older people living i challenges and solutions to im isolation.	n care homes from COVID-19: plementing social distancing and
Manuscript Number (if k	nown):	HS&DR NIHR Project 132541	_
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not medicated.	ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned	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 a should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.
		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

		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.	None HS&DR NIHR COVID-19 Recovery and Learning Programme, start date: 1st Nov 2020, end date: 28 Feb 2022.	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	

		10.002 2.002000
Date	e:	4/26/2022
You	r Name:	Anne Marie Rafferty
Mar	nuscript Title:	Protecting older people living in care homes from COVID-19: challenges and solutions to implementing social distancing and isolation.
Mar	nuscript Number (if k	wn): HS&DR NIHR Project 132541
confliction affer indicated after the confliction after the confliction after the confliction after the confliction affects and after the confliction affects after the confliction affects after the confliction affects after the confliction affects after the confliction after the confliction affects after the confliction after the conflictio	tent of your manuscricted by the content of cate a bias. If you are author's relationship	ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the . "Related" means any relation with for-profit or not-for-profit third parties whose interests may be he manuscript. Disclosure represents a commitment to transparency and does not necessarily a 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 on, you should declare all relationships with manufacturers of antihypertensive medication, even if
	·	cioned in the manuscript.
	em #1 below, report ne for disclosure is th	support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.
		Specifications/Comments (e.g., if payments were lationship 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.	None HS&DR NIHR COVID-19 Recovery and Learning Programme, start date: 1st Nov 2020, end date: 28 Eeb 2022. Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None
3	Royalties or	⊠ None

licenses

		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
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Output
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Governor King's College Hospital NHS Foundation Trust President Royal College of Nursing 2019-21

		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:	4/26/2022
Your Name:	Richard Adams
Manuscript Title:	Protecting older people living in care homes from COVID-19: challenges and solutions to implementing social distancing and isolation.
Manuscript Number (if known):	HS&DR NIHR Project 132541

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

υa	te:	4/26/2022	
Yo	ır Name:	Amit Desai	
Ma	nuscript Title:	Protecting older people living challenges and solutions to im isolation.	in care homes from COVID-19: plementing social distancing and
Ma	nuscript Number (if knov	wn): HS&DR NIHR Project 132541	
aff inc The	ntent of your manuscript. ected by the content of the icate a bias. If you are in a author's relationships/a	recy, we ask you to disclose all relationships/activities "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment doubt about whether to list a relationship/activity activities/interests should be defined broadly. For each, you should declare all relationships with manufication in the manuscript.	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
	tem #1 below, report all s me for disclosure is the pa	support for the work reported in this manuscript w ast 36 months.	ithout time limit. For all other items, the time
	me for disclosure is the pa		Specifications/Comments (e.g., if payments were made to you or to your institution)
	me for disclosure is the pa	ast 36 months. Time all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your institution)
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fra	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	ast 36 months. Imme all entities with whom you have this lationship or indicate none (add rows as needed) Time frame: Since the initial planning None IS&DR NIHR COVID-19 Recovery and Learning rogramme, start date: 1st Nov 2020, end date: 28	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work Click the tab key to add additional rows.

Healthwatch in England five years on: using actor-network theory to optimise patient and public voice in NHS commissioning and service

provision (Sept 2018 to June 2021)

#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)
3	Royalties or licenses	None	
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	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,	□ 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	Trustee of Carers' Hub Lambeth (Charity number: 1182120) Since August 2019.	
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:		4/26/20	022		
Your Name:		Joanne	Joanne Fitzpatrick		
Manuscript Title:		challe	Protecting older people living in care homes from COVID-19: challenges and solutions to implementing social distancing and isolation.		
Mai	nuscript Number (if	nown): HS&DR	NIHR Project 132541		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub The author's relationships/activiti		ipt. "Related" me of the manuscript. e in doubt about w os/activities/intere onsion, you should	eans any relation with for-profit or real Disclosure represents a commitment of the	ies/interests listed below that are related to the not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if	
In item #1 below, report all supports frame for disclosure is the past 36		all support for the	e work reported in this manuscript	without time limit. For all other items, the time	
			s with whom you have this ndicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Т	ime frame: Since the initial planning	g of the work	
1	All support for the present	□ None			
	manuscript (e.g., funding, provision of study materials, medical writing,	L L	OVID-19 Recovery and Learning art date: 1 st Nov 2020, end date: 28		
article processing charges, etc.) No time limit for this item.				Click the tab key to add additional rows.	
			Time frame: past 36 mont	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			

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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.				

ICMJE DISCLOSURE FORM				
Date: 4/26/2022				
Your Name:	Ruth Harris			
Manuscript Title:		Protecting older people living in care homes from COVID-19: challenges and solutions to implementing social distancing and isolation.		
Manuscript Number (if kno	own): HS&DR NIHR Project 132541			
content of your manuscript affected by the content of t	ncy, we ask you to disclose all relationships/activities. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment doubt about whether to list a relationship/activity.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
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.				
N	ame all entities with whom you have this	Specifications/Comments (e.g., if payments were		

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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., 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	Member of the Advisory Board for an Alzheimer's Society funded study led by University of Hertfordshire entitled CONNECT: Supporting person-centred care for people with dementia in hospital settings: co-designing and testing the feasibility of an intervention for use during constant observation activities From 2021-2022	No renumeration
10	Leadership or fiduciary role in other board, society,	Member of the National Institute for Health Research (NIHR) Trainees Coordinating Centre	No renumeration

		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)	
	committee or advocacy group, paid or unpaid	Doctoral Research Fellowship Panel (TCCDRF) from 2015 to present Member of the NIHR Nursing and Midwifery Incubator Steering Group from 2021 to present Chair of the Royal College of Nursing Research Society from 2019 to present	No renumeration No renumeration	
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		
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: Your Name: Manuscript Title:		4/26/2022	Sally Brearley Protecting older people living in care homes from COVID-19: challenges and solutions to implementing social distancing and isolation.		
		Sally Brearley			
		challenges and solutions to im			
Ma	nuscript Number (if kno	own): HS&DR NIHR Project 132541			
cor affe ind	ntent of your manuscrip ected by the content of icate a bias. If you are i	ency, we ask you to disclose all relationships/activition. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity activities/interests should be defined broadly. For	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily //interest, it is preferable that you do so.		
epi	demiology of hypertens	sion, you should declare all relationships with manustioned in the manuscript.			
I 1	tem #1 helow report al	Il support for the work reported in this manuscript w	vithout time limit. For all other items, the time		
	me for disclosure is the				
	me for disclosure is the		Specifications/Comments (e.g., if payments were made to you or to your institution)		
	me for disclosure is the	past 36 months. Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning None HS&DR NIHR COVID-19 Recovery and Learning Programme, start date: 1st Nov 2020, end date: 28	Specifications/Comments (e.g., if payments were made to you or to your institution)		
frai	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning None HS&DR NIHR COVID-19 Recovery and Learning	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work		
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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	e:		4/26/2022		
Your Name:			Shereen Hussein		
Manuscript Title:			Protecting older people living in care homes from COVID-19: challenges and solutions to implementing social distancing and isolation.		
Manuscript Number (if known):		nown):	HS&DR NIHR Project 132541		
con affe indi	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.				
epic	•	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
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			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)	
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	medical writing,	Feb 202	22.		
	article processing charges, etc.) No time limit for this item.			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).	[⊠] Ne	one		
3	Royalties or licenses	⊠ No	one		

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	
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ICIVITE DISCLOSURE FORIVI			
Date: 4/26/2022			
Your Name:	Sarah Sims	Sarah Sims	
Manuscript Title: Protecting older people living in care homes from COVID-19: Challenges and solution implementing social distancing and isolation		<u> </u>	
Manuscript Number (if know	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.			
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8	Patents planned, issued or pending	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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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