

ICMJE DISCLOSURE FORM

Date: 10/24/2022

Your Name: Professor Ashley Adamson

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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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: 9/30/2022

Your Name: Alexandra Dobell

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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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: 9/25/2022

Your Name: Alice Sitch

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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Date: 9/30/2022

Your Name: Breanna Morrison

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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ICMJE DISCLOSURE FORM

Date: 10/4/2022

Your Name: Clare Rawdin

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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: 9/23/2022

Your Name: Dr. Irina Pokhilenko

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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ICMJE DISCLOSURE FORM

Date: 9/22/2022

Your Name: Kiya Hurley

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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ICMJE DISCLOSURE FORM

Date: 9/26/2022

Your Name: Louise McLeman

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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ICMJE DISCLOSURE FORM

Date: 9/22/2022

Your Name: Miranda Pallan

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> 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	Board Member of Birmingham Food Council (Community Interest Company) from September 2019 to September 2022	Unpaid
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: 10/31/2022

Your Name: Marie Murphy

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
		University of Birmingham – Wellcome Institutional Strategic Support Funding	Travel for research visit to Cornell University, US
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 11/7/2022

Your Name: Peymane Adab

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NIHR Funding Committee and related meetings	Travel and accommodation costs
		Irish Health Research Board Funding Committee	Travel, accommodation and honorarium
		Icelandic Research Fund	Travel and accommodation
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Chair of TSC for NIHR Funded MapMe trial (2020-)	Unfunded
		Chair of TSC for NIHR funded Action 3:30 feasibility study (completed 2019)	Unfunded
		Chair of NIHR Funded Evaluation of HENRY	Unfunded
		Member of MRC funded Natural Experiments Evaluations Project Oversight Group (ongoing)	Unfunded
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Output assessor for Panel A, subpanel 2 (Public Health, Health Services and Primary Care) in 2021 Research Excellence Framework	Personal payment
		Member of Obesity Health Alliance Independent Obesity Strategy Working Group, 2019-2021	Unfunded

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		Chair of NIHR Public Health Research Funding Committee	Institution payment
		Deputy Director of NIHR School for Public Health Research	Institution payment
		Member of Wellcome Trust Early Career Advisory Group in Population and Public Health	Personal honorarium
		NIHR PHR Prioritisation group	
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 type="checkbox"/> None	
		NIHR Palliative and End of Life Care Research Partnerships call panel	Member, Nov 2021
		NIHR/UKRI 'Long COVID' funding call panel (Research into the longer-term effects of COVID-19 in non-hospitalised individuals)	Member, Jan 2021
		NIHR COVID-19 Recovery and Learning Funding Committee	Member, 2020
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 10/4/2022

Your Name: Rachel Adams

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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: 10/4/2022

Your Name: Rhona Duff

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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: 10/10/2021

Your Name: Suzanne Spence

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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		<i>intervention to maximise the impact of whole school approaches to food within primary schools'</i> MRC UKPRP (PI Prof J Woodside) <i>'Opportunities for intervention and innovation in the UK School Food System: the GENIUS network'</i> (Generating Excellent Nutrition in UK Schools)	Institution funding
3	Royalties or licenses	<input checked="" type="checkbox"/> None 	
4	Consulting fees	<input checked="" type="checkbox"/> None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None 	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None 	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None 	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None 	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

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	Monitoring Board or Advisory Board								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>UKSBM Special Interest Group</td> <td>No payments</td> </tr> <tr> <td>Nutrition Society Special Interest Group</td> <td>No payments</td> </tr> <tr> <td>School Food Plan Alliance</td> <td>No payments</td> </tr> </table>	UKSBM Special Interest Group	No payments	Nutrition Society Special Interest Group	No payments	School Food Plan Alliance	No payments	
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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: 10/12/2022

Your Name: Tania Griffin

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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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: 10/16/2022

Your Name: Emma Lancashire

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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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: 10/14/2022

Your Name: Suzanne Bartington

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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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: 9/28/2022

Your Name: Sandra Passmore

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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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: 11/4/2022

Your Name: Vahid Ravaghi

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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ICMJE DISCLOSURE FORM

Date: 9/22/2022

Your Name: Emma Frew

Manuscript Title: National school food policy implementation and impact on dietary intake and dental health in secondary schools: the FUEL multiple-methods study

Manuscript Number (if known): Project 17/39/92

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Association for Study of Obesity	Travel and accommodation support for attending UK ASO22 conference
		NIHR	Travel support for attending NIHR Academy training meeting in London as invited speaker
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		International Health Economics Association	Elected Board member
		NIHR funding panel	Member of NIHR Public Health Research funding panel.

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