Date:		_	12/17/2023		
Your Name:		_	Prof Dame Caroline Watkins		
Manuscript Title:		_	Availability and type of stroke services	across India: a survey study	
Mai	nuscript Number (if k	(nown):	Not known		
In the interest of transparency, we 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 epidemiology of hypertension, yo that medication is not mentioned			rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this nip 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.	NIHR UK		Grant funding to institution (NIHR 16/137/16)  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	ne		
3	Royalties or licenses	⊠ No	ne		

		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    05/-9/2011 to 03/11/2015 HTA Commissioning   Committee.

		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:				

Date:			1/9/2024		
Your Name: Manuscript Title:			Catherine Elizabeth Lightbody  Availability and type of stroke services across India: a survey study		
Mar	nuscript Number (if k	(nown):	Not known		
In the interest of transparency, we 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 epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the man e in doubt os/activition nsion, you entioned all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time		
			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	
	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.	NIHR U	one K	Grant funding to institution (NIHR 16/137/16)  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).		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	Please place an "X" next to the following statement to indicate your agreement:				

Date:			1/11/2024		
Your Name:			Dr. P.N. Sylaja		
Manuscript Title:			Availability and type of stroke services	across India: a survey study	
Mai	nuscript Number (if k	(nown):	Not known		
In the interest of transparency, we 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 epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the man e in doubt os/activition nsion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l 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		[ ]			
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.	NIHR U	one K	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR U	K	Click the tab key to add additional rows.	

		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:				

Date:		-	1/15/2024		
Your Name:		_	Dr. Jeyaraj D Pandian		
Manuscript Title:		_	Availability and type of stroke services	across India: a survey study	
Mar	nuscript Number (if k	nown):	Not known		
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 epidemiology of hypertension, yo that medication is not mentioned.			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 a should declare all relationships with manuf 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	
1	All support for the	□ No	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR UK	<	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR U	Time frame: past 36 month	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.	

		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:				

Date:		-	1/17/2024		
You	r Name:	-	Maree Hackett		
Manuscript Title:  Manuscript Number (if known):			Availability and type of stroke services across India: a survey study		
			Not known		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.			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 manufain 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	
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.	NIHR UI	one (	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
			Time frame: past 36 month	ns .	
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 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:			12/6/2023	
Your Name:			Kamran Baqai	
Manuscript Title:			Availability and type of stroke services	across India: a survey study
Mar	uscript Number (if k	known):	Not known	
In the interest of transparency, we 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 epidemiology of hypertension, yo that medication is not mentioned		ript. "Rela of the man e in doubt os/activitie ension, you entioned	nted" 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 a u should declare all relationships with manuf 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
	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.	NIHR U	one K	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.
			Time frame: past 36 month	ns
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	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.			

Dat	e:		10/12/2023		
Your Name:			Dr. M.V. Padma Srivastava		
Manuscript Title:			Availability and type of stroke services a	across India: a survey study	
Ma	nuscript Number (if l	known):	Not known		
In the interest of transparency, we 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			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 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.		
	tem #1 below, report me for disclosure is th		· ·	ithout time limit. For all other items, the time	
			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)	
			- c c		
			Time frame: Since the initial planning	of the work	
1	All support for the present	1 1	one		
1	present manuscript (e.g., funding, provision	NIHR U	one	Grant funding to institution (NIHR 16/137/16)	
1	present manuscript (e.g.,	1 1	one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	1 1	one	Grant funding to institution (NIHR 16/137/16)	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	1 1	one	Grant funding to institution (NIHR 16/137/16)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	1 1	one	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR U	one K	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
	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	NIHR U	Time frame: past 36 month	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
	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	NIHR U	Time frame: past 36 month	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
2	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).	NIHR U	Time frame: past 36 month	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
	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	NIHR U	Time frame: past 36 month	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
2	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).  Royalties or	NIHR U	Time frame: past 36 month	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	

		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:			6/18/2024		
You	r Name:		Pallab K Maulik		
Manuscript Title:  Manuscript Number (if known):			Availability and type of stroke services across India: a survey study		
			Not known		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			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 a a should declare all relationships with manuf 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	
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.	NIHR UI	one K	Grant funding to institution (NIHR 16/137/16)  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	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:			12/6/2023		
Your Name:			Kamran Baqai		
Manuscript Title:			Availability and type of stroke services across India: a survey study		
Mar	uscript Number (if k	known):	Not known		
In the interest of transparency, we 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 epidemiology of hypertension, yo that medication is not mentioned		ript. "Rela of the man e in doubt os/activition entioned all suppon	rt for the work reported in this manuscript without 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	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.	NIHR U	one K	Grant funding to institution (NIHR 16/137/16)  Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
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 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	
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:		-	5/12/2023		
Your Name:		-	Stephanie Jones		
Mar	nuscript Title:	-	Availability and type of stroke services across India: a survey study		
Mar	nuscript Number (if k	nown):	Not known		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i all suppor	rt for the work reported in this manuscript without 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.	NIHR UI	one (	Grant funding to institution (NIHR 16/137/16)  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	
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	
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.			