Date: 21/07/2023 Your Name: DAVID COYLE______ Manuscript Title: Public and Patient Involvement (PPI) in the Design, Execution and Dissemination of the BISTRO Trial Manuscript number (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2 3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastNoneNoneNoneNone	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	
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:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 19th July 2023 Your Name:_Prof Paula Ormandy Manuscript Title: Public and Patient Involvement (PPI) in the Design, Execution and Dissemination of the BISTRO Trial

Manuscript number (if known):

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		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	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	A national study of practice patterns in renal services in the identification and management of depression in people with chronic kidney disease - Kidney Research UK - 06/2020 - 09/2023 – Co-applicant	£266,301.00 GBP Institution grant
		Personalised Exercise-Rehabilitation FOR people with Multiple long-term conditions (multimorbidity)-The PERFORM trial - National Institute for Health Research - 01/2022 - 03/2028	£2,563,074.00 GBP Institution grant
		Development of a Social Prescribing Population Health Management Tool -	£110,519.00 GBP Institution grant

			1
		Technology Strategy Board Knowledge Transfer Partnership - 08/2021 - 12/2022 Principal Applicant	
3	Royalties or licenses	None	
4	Consulting fees	Baxter International Mykidneyjourney website development GSK Patient Advisory Board on information and education	Personal Payment as member of European Think Tank Team Personal Payment as Chair
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	Co-Chair Kidney Patient Involvement Network Treasurer and Executive Member Association of Nephrology Nurses UK	Volunteer unpaid Volunteer unpaid
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	

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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	Click or tap to enter a date.	
Your Name:	Nancy Fernandes da Silva	
Manuscript Title:	Public and patient involvement (PPI) in the design, execution, and dissemination of a trial: the BISTRO trial	
Manuscript Number (if known):	HTA NIHR135840 Research Article 6 (14/216/01)	

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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.

		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 Image: Time frame: past 26 month	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).	⊠ None		
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 □ □ □ □ □ □ □ □	
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:		

Date: 17th July, 2023 Your Name: Prof Simon J Davies Manuscript Title: Public and Patient Involvement (PPI) in the Design, Execution and Dissemination of the BISTRO Trial Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 Health Technology Programme	To my institution (Keele University)
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	-		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	Nono	
13	financial interests	None	

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.