

ICMJE DISCLOSURE FORM

Date: 9/20/2023

Your Name: Terry P Brown

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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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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: 4/16/2023

Your Name: Lazaros Andronis

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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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: 1/18/2024

Your Name: Asmaa El Banna

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England

Manuscript Number (if known): NIHR 127368

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Date: 9/20/2023

Your Name: Benjamin Leung

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England

Manuscript Number (if known): NIHR 127368

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Date: 9/20/2023

Your Name: Theodoros Arvanitis

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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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: 14th April 2023

Your Name: Charles D. Deakin

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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: 4/14/2023

Your Name: Aloysius Niroshan Siriwardena

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England

Manuscript Number (if known): NIHR127368

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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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.	<input type="checkbox"/> Grant NIHR127368 for role in this study paid to University of Lincoln for my role in study <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> Other grants from NIHR and Wellcome paid to University of Lincoln for my role in studies <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; font-size: small;">NIHR127920</td><td style="width: 40%; font-size: small;">NIHRDH-PB-PG-0815-20012</td></tr> <tr><td style="font-size: small;">NIHRDH-HS&DR/17/99/34</td><td style="font-size: small;">NIHRDH-HS&DR/15/145/04</td></tr> <tr><td style="font-size: small;">NIHRDH-PB-PG-1216-20034</td><td style="font-size: small;">NIHRDH-HS&DR/14/47/22</td></tr> <tr><td style="font-size: small;">Wellcome 110488/Z/15/Z</td><td style="font-size: small;">NIHRDH-HS&DR/13/54/75</td></tr> </table>	NIHR127920	NIHRDH-PB-PG-0815-20012	NIHRDH-HS&DR/17/99/34	NIHRDH-HS&DR/15/145/04	NIHRDH-PB-PG-1216-20034	NIHRDH-HS&DR/14/47/22	Wellcome 110488/Z/15/Z	NIHRDH-HS&DR/13/54/75
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Wellcome 110488/Z/15/Z	NIHRDH-HS&DR/13/54/75									
3	Royalties or licenses	<input checked="" type="checkbox"/> Royalties paid to me from book titles listed below <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; font-size: small;">The Quality and Outcomes Framework</td><td style="width: 40%; font-size: small;">Taylor and Francis Group (Informa)</td></tr> <tr><td style="font-size: small;">Quality Improvement in Primary Care</td><td style="font-size: small;">Taylor and Francis Group (Informa)</td></tr> <tr><td style="font-size: small;">Prehospital Research Methods and Practice</td><td style="font-size: small;">Class Publishing Ltd</td></tr> </table>	The Quality and Outcomes Framework	Taylor and Francis Group (Informa)	Quality Improvement in Primary Care	Taylor and Francis Group (Informa)	Prehospital Research Methods and Practice	Class Publishing Ltd		
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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: 9/20/2023

Your Name: John P Long

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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: 9/20/2023

Your Name: Gareth Clegg

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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>Save a Life for Scotland (SCIO)</td> <td>trustee</td> </tr> <tr> <td>Scottish ECMO Resuscitation Network</td> <td>trustee</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Save a Life for Scotland (SCIO)	trustee	Scottish ECMO Resuscitation Network	trustee					
Save a Life for Scotland (SCIO)	trustee										
Scottish ECMO Resuscitation Network	trustee										

		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	<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: 4/14/2023

Your Name: Steven Brooks

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR127368

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								
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Southeastern Ontario Academic Medical Organization</td> <td>Peer-reviewed operational grant funding</td> </tr> <tr> <td>Canadian Institutes of Health Research</td> <td>Peer-reviewed operational grant funding</td> </tr> <tr> <td>Heart and Stroke Foundation of Canada</td> <td>Peer-reviewed operational grant funding</td> </tr> </table>	Southeastern Ontario Academic Medical Organization	Peer-reviewed operational grant funding	Canadian Institutes of Health Research	Peer-reviewed operational grant funding	Heart and Stroke Foundation of Canada	Peer-reviewed operational grant funding
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Canadian Institutes of Health Research	Peer-reviewed operational grant funding							
Heart and Stroke Foundation of Canada	Peer-reviewed operational grant funding							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>						

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Canadian Institutes of Health Research	Mid-Career Lecturer Award Lecture
6	Payment for expert testimony	<input type="checkbox"/> None	
		Border Ladner and Gervais LLP	Expert testimony for various cases involving emergency department management of myocardial infarction, cardiac arrest, spinal lesions, intracranial hemorrhage
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Zoll Medical Corporation	Leaders in Resuscitation Meeting in Toronto – reimbursement for travel and accommodation for 1 night
		Max Harry Weil Foundation	Support for attending the Wolf Creek Meeting 2023
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	

		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	<input type="checkbox"/> None	
		Rapid Response Revival	Stock and stock options (promised but not paid) in this company which manufactures defibrillators
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		SaveStation Inc.	In-kind donation of up to 75 defibrillators for a research project
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Chief Medical Officer (contract position) for Rapid Response Revival	Defibrillator manufacturer (CellAED)

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: 4/17/2023

Your Name: Timothy Chan

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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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Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Duke University</td> <td>PI for NIH subaward for C\$27K in 2021-22</td> </tr> <tr> <td>MITACS</td> <td>PI for C\$6K project in 2022; Co-PI for C\$30K projects in 2022</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Duke University	PI for NIH subaward for C\$27K in 2021-22	MITACS	PI for C\$6K project in 2022; Co-PI for C\$30K projects in 2022				
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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 checked="" type="checkbox"/> None	
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	
		INFORMS Health Application Society	President, unpaid

		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	<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	
		AED Foundation of Ontario	Advisor, unpaid
		Heart and Stroke Foundation	Consultation, unpaid
		Ontario Ministry of Health	Consultation, unpaid

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: 9/20/2023

Your Name: Steve Irving

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 6/21/2023

Your Name: Louise Walker

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP)

Manuscript Number (if known): NIHR 127368

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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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)
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: 4/14/2023

Your Name: Craig Mortimer

Manuscript Title: PAD Optimisation Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-OP) Study

Manuscript Number (if known): NIHR 127368

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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 4/14/2023

Your Name: Sandra Igbodo

Manuscript Title: Optimisation of the Deployment of Automatic External Defibrillators in Public Places in England (PAD-Op)

Manuscript Number (if known): NIHR 127368

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Gavin D Perkins

Manuscript Title: Using the Recommended Summary Plan for Emergency Care and Treatment in Primary Care: a mixed methods study

Manuscript Number (if known): NA

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		Health and Social Care Delivery programme NIHR 15/15/09, 17/99/34, 127368 Chief Investigator 12/73/68, 13/16/23 Co-investigator	Payment to institution
		Ad hoc research grants (COVID-19-RSC) Co-Chief Investigator	Payment to institution
		Resuscitation Council UK Out of Hospital Cardiac Arrest Outcomes	Payment to institution
		British Heart Foundation Out of Hospital Cardiac Arrest Outcomes	Payment to institution
		NIHR Clinical Trials Unit support funding	Payment to institution
		NIHR Research Support Service	Payment to institution
		NIHR Senior Investigator	Payment to institution
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		Trustee, Resuscitation Council UK	Reimbursement of travel expenses
		Director, European Resuscitation Council	Reimbursement of travel expenses
		Co-chair, International Liaison Committee on Resuscitation	Reimbursement of travel expenses
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		NIHR the HTA Clinical Evaluation and Trials Committee	Reimbursement of travel expenses
		NIHR Academy, Deputy Chair, Advanced Fellowships	Reimbursement of travel expenses
		NIHR CTU Scientific Advisory Committee	Reimbursement of travel expenses

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