

## ICMJE DISCLOSURE FORM

**Date:** 10/31/2023

**Your Name:** Diane Trusson

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial.

**Manuscript Number (if known):** RA6

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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; color: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</div>							
<b>Time frame: past 36 months</b>									
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<b>3</b>	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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 checked="" type="checkbox"/> <b>None</b> <table border="1"> <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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 30/10/2023

**Your Name:** Katie Powers

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial

**Manuscript Number (if known):** RA6

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# ICMJE DISCLOSURE FORM

**Date:** 10/31/2023

**Your Name:** KATHRYN RADFORD

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroke (RETAKE) trial

**Manuscript Number (if known):** RA 6

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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <div> <div>RETurn to work After stroke RETAKE NIHR HTA (15/130/11) - A proportion of my salary was paid from this grant to undertake this study</div> <div></div> <div></div> <div>Click the tab key to add additional rows.</div> </div>
<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
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# ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Audrey Bowen

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial.

**Manuscript Number (if known):** RA6

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<b>1</b>	<div> <input type="checkbox"/> <b>None</b> </div> <div> <table border="1"> <tr> <td>I am co-investigator on the NIHR HTA award for the RETAKE trial</td> <td>My employer, University of Manchester, was paid for a portion of my time throughout the study</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table> </div>	I am co-investigator on the NIHR HTA award for the RETAKE trial	My employer, University of Manchester, was paid for a portion of my time throughout the study				Click the tab key to add additional rows.	
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<b>2</b>	<div> <input type="checkbox"/> <b>None</b> </div> <div> <table border="1"> <tr> <td>I have awards from NIHR and Stroke Association for unrelated studies</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> </div>	I have awards from NIHR and Stroke Association for unrelated studies						
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## ICMJE DISCLOSURE FORM

**Date:** 10/30/2023

**Your Name:** Kristelle Craven

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 10/23/2023

**Your Name:** Dr Jain Holmes

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial.

**Manuscript Number (if known):** RA 6

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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## ICMJE DISCLOSURE FORM

**Date:** 10/30/2023

**Your Name:** Rebecca Lindley

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial

**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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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 688 1516 789"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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:** 10/30/2023

**Your Name:** Prof Christopher McKevitt

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroke (RETAKE) trial.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 10/29/2023

**Your Name:** Julie Phillips

**Manuscript Title:** Title: Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/30/2023

**Your Name:** Ellen Thompson

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Professor Dame Caroline Watkins

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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:** 10/1/2023

**Your Name:** David James Clarke

**Manuscript Title:** Experiences of support to return to work: Longitudinal case-studies from the RETurn to work After stroKE (RETAKE) trial.

**Manuscript Number (if known):** RA6

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