

ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: Thillagavathie Pillay

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTI-PREM

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 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	<div> <div>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.</div> <div> <div>None</div> <div> <div>This project was funded by the HS&DR stream of NIHR. This includes funding for all the workstreams within the study, study collaborators, study materials, conference and travel expenses and article processing charges. The project commenced in 01 April 2017</div> <div>I am the chief investigator and received a 1.5 programmed activity payment/month till March 2020</div> </div> </div> </div>	<div>Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <div>None</div> <div> <div>Funding from the Leicestershire Leicester Rutland CCG for qualitative work on reducing risks for infant mortality -this funded two part time STORK facilitator posts at Band 3 £52 000 (October 2022 to Set 2023)</div> <div>I am the chief applicant.</div> </div> <div> <div>Funding from Leicester Local Maternity and Neonatal systems for qualitative research on perinatal dashboards in health inequalities x 1 year (October 2022 to Sept2023)</div> <div>I am the chief applicant</div> </div> </div> </div>	

		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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
4	Consulting fees	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <div> <div>Visiting lecturer for De Montford University, offering a selection of lectures to nurses in QIS training x £114</div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <div> <div>Travel and registration fees for presenting Optiprem findings are nested within point 1</div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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	<input type="checkbox"/> Steering committee member Childrens HIV Association, and Audit lead (2020-2023)	Unpaid advisory role
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	
<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: 3/31/2023

Your Name: Oliver Rivero-Arias

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

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.

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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.	<div> <input type="checkbox"/> None </div> <div> <div> <div>This work is supported by the National Institute for Health Research, Health Services and Delivery Research Stream, project number 15/70/104 CRN accrual was approved by the NIHR for the period (1 August 2017 to 31 August 2018)</div> <div>I received funding from this grant that covered a small proportion of my time and a full time health economist over 18 month.</div> </div> <div>Click the tab key to add additional rows.</div> </div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div> <input checked="" type="checkbox"/> None </div> <div> <div></div> <div></div> <div></div> </div>
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <div> <div>Member of Foetal Maternal and Child Health Reference Group, National Screening Committee</div> <div></div> <div></div> </div>	Unpaid advisory role
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	

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ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Natalie Armstrong

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
3	Royalties or licenses	<div> <input checked="" type="checkbox"/> None </div> <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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4	Consulting fees	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	

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11	Stock or stock options	<input 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: 3/30/2023

Your Name: Sarah E Seaton

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

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.

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2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <div>None</div> <table border="1"> <tr> <td>I am funded by an NIHR Advanced Fellowship (NIHR300579) from 2020-2024</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> </div> </div>	I am funded by an NIHR Advanced Fellowship (NIHR300579) from 2020-2024						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>I have received small honorariums from The Lancet Child and Adolescent Health for expediated peer reviews</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		I have received small honorariums from The Lancet Child and Adolescent Health for expediated peer reviews							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <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 type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>Member of Data Monitoring and Ethics Committee for HENRY III (Health, Exercise, Nutrition for the Really Young) 2022 onwards</td> <td></td> </tr> <tr> <td>Independent member of PICNIC Trial Steering Committee (NIHR HTA funded study)</td> <td></td> </tr> <tr><td></td><td></td></tr> </table>		Member of Data Monitoring and Ethics Committee for HENRY III (Health, Exercise, Nutrition for the Really Young) 2022 onwards		Independent member of PICNIC Trial Steering Committee (NIHR HTA funded study)					
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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: 3/30/2023

Your Name: Miaoqing Yang

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

Manuscript Number (if known): Click or tap here to enter text

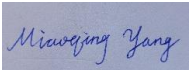
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. 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.

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ICMJE DISCLOSURE FORM

Date: 4/2/2023

Your Name: Victor Banda

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

Manuscript Number (if known): Click or tap here to enter text

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Time frame: past 36 months								
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ICMJE DISCLOSURE FORM

Date: 3/29/2023

Your Name: Kelvin Dawson

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTI-PREM

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.

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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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Abdul Qader Tahir Ismail

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

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.

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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ICMJE DISCLOSURE FORM

Date: 4/5/2023

Your Name: Vasiliki Bountziouka

Manuscript Title: Optimising neonatal services for preterm babies born between 27 and 31 weeks gestation in England: mortality and morbidity outcomes from the Opti-Prem study

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.

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ICMJE DISCLOSURE FORM

Date: 4/5/2023

Your Name: Caroline Cupit

Manuscript Title: OPTI-PREM report

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.

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: Alexis Paton

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTI-PREM

Manuscript Number (if known): 15/70/104

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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	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.	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>OPTIPREM social scientist</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	OPTIPREM social scientist					Click the tab key to add additional rows.
OPTIPREM social scientist								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
3	Royalties or licenses	<div> <input checked="" type="checkbox"/> None </div> <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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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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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7	Support for attending meetings and/or travel	<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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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>	[
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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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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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<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: 4/4/2023

Your Name: Bradley MANKTELOW

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <div> <div></div> </div>	

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ICMJE DISCLOSURE FORM

Date: 4/4/2023

Your Name: Elizabeth S Draper

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

Manuscript Number (if known): Click or tap here to enter text

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<input type="checkbox"/> NHSE funding for PICANet L2 expansion	Sub contract via University of Leeds							
3	<p>Royalties or licenses</p> <p><input checked="" type="checkbox"/> None</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	<input type="checkbox"/>						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
<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>			

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Date: 3/30/2023

Your Name: Neena Modi

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Manuscript Number (if known): Click or tap here to enter text

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Co-applicant								
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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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8	Patents planned, issued or pending	<input type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <div> <div>Director of the UK National Neonatal Research Database</div> <div></div> <div></div> </div>	Unpaid

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ICMJE DISCLOSURE FORM

Date: 4/4/2023

Your Name: Helen E Campbell

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

Manuscript Number (if known): 15/70/104

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		Click the tab key to add additional rows.
Time frame: past 36 months		
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ICMJE DISCLOSURE FORM

Date: 4/4/2023

Your Name: Elaine M Boyle

Manuscript Title: Optimising neonatal services for very preterm births between 27+0 and 31+6 weeks gestation in England: OPTIPREM

Manuscript Number (if known): Click or tap here to enter text

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
3	Royalties or licenses	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></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 <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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>	[
[
6	Payment for expert testimony	<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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7	Support for attending meetings and/or travel	<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>	[
[
8	Patents planned, issued or pending	<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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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>	[
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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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		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 <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>		[
[
13	Other financial or non-financial interests	<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>		[
[
<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>									