

## ICMJE DISCLOSURE FORM

Date:	4/11/2023
Your Name:	Patrick Burch
Manuscript Title:	Click or tap here to enter text.
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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Time frame: Since the initial planning of the work									
<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  <table border="1"><tr><td>NIHR – In-Practice Fellowship</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>	NIHR – In-Practice Fellowship					Click the tab key to add additional rows.	
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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.

## NICMJE DISCLOSURE FORM

Date:	4/11/2022
Your Name:	Claudia Soiland-Reyes
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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## ICMJE DISCLOSURE FORM

Date:	5/15/2024
Your Name:	Carole Bennett
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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:	3/31/2023
Your Name:	Lisa Brunton
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	[Click or tap here to enter text.]

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		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>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>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  <table border="1"><tr><td>NIHR – In-Practice Fellowship</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>	NIHR – In-Practice Fellowship					Click the tab key to add additional rows.	
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Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<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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**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

<b>Date:</b>	5/31/2024
<b>Your Name:</b>	[Eliae Cameron] signed by Peter Bower on behalf of Elaine Cameron
<b>Manuscript Title:</b>	[Click or tap here to enter text.]
<b>Manuscript Number (if known):</b>	[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:	3/29/2023
Your Name:	Tarani Chandola
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
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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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:	4/4/2023
Your Name:	Georgia Chatzi
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">[Click or tap here to enter text.]</a>

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Time frame: Since the initial planning of the work		
1	<p><input type="checkbox"/> None</p> <p>Research funded by the National Institute for Health and Care Research (The Health and Social Care Delivery Research (HSDR) Programme, 16/48/07 – Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long Term Multimethod Assessment)).</p>	To the University of Manchester
Time frame: past 36 months		
2	<p><input checked="" type="checkbox"/> None</p> <p><a href="#">[Click the tab key to add additional rows.]</a></p>	

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## ICMJE DISCLOSURE FORM

Date:	4/3/2023
Your Name:	Sarah Cotterill
Manuscript Title:	DIPLOMA final report
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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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:	4/3/2023
Your Name:	Prof David French
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	Not 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.

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<b>10</b>	Leadership or fiduciary role in other board,	<input type="checkbox"/> <b>None</b>									

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>						
	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr> <td>European Health Psychology Society, President Elect</td> <td>Expenses only</td> </tr> <tr> <td>PHR Research Funding Board June 2016 to June 2020</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	European Health Psychology Society, President Elect	Expenses only	PHR Research Funding Board June 2016 to June 2020				
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## ICMJE DISCLOSURE FORM

Date:

4/3/2023

Your Name:

Dr Judith Gellatly

Manuscript Title:

Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)

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:	4/4/2023
Your Name:	Mark Hann
Manuscript Title:	Synopsis Report of the Evaluation of the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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:	3/23/2023
Your Name:	Rhiannon Eleri Hawkes
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></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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<b>10</b>	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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

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<b>11</b>	Stock or stock options	<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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<b>13</b>	Other financial or non-financial interests	<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>							

**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:	4/3/2023
Your Name:	Simon Heller
Manuscript Title:	Click or tap here to enter text.
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>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>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>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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">I chair a DMSC for Eli Lilly</td><td>Payment to my University</td></tr> <tr><td>I sit on Advisory Boards for Zucara, Zealand and</td><td>Payment to my University</td></tr> <tr><td>Vertex</td><td></td></tr> </table>	I chair a DMSC for Eli Lilly	Payment to my University	I sit on Advisory Boards for Zucara, Zealand and	Payment to my University	Vertex			
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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">I chair the International Hypoglycaemia Study Group</td><td>Unpaid</td></tr> <tr><td>I am a sub-panel for the NIHR PGfAR funding stream</td><td>Unpaid</td></tr> <tr><td>I am the national specialty lead in Diabetes for the NIHR Clinical research network</td><td>On 4 h session each week paid to salary</td></tr> </table>	I chair the International Hypoglycaemia Study Group	Unpaid	I am a sub-panel for the NIHR PGfAR funding stream	Unpaid	I am the national specialty lead in Diabetes for the NIHR Clinical research network	On 4 h session each week paid to salary		
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		HTA Clinical Evaluation and Trials Committee	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> I receive research support from Dexcom      Payment made to University <input type="checkbox"/> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**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:	3/30/2023
Your Name:	Fiona Holland
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
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.

	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	<input checked="" type="checkbox"/> None  <div style="border: 1px solid black; padding: 5px;"><p>The manuscript is based on independent research funded by the National Institute for Health and Care Research (Health Services and Delivery Research, 16/48/07 – Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long Term Multimethod Assessment)).</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Click the tab key to add additional rows.</p></div>	
Time frame: past 36 months		
2	<input checked="" type="checkbox"/> None  <div style="border: 1px solid black; padding: 5px;"><p> </p><p> </p><p> </p></div>	

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<b>3</b>	Royalties or licenses	<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>								
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<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	<table border="1"> <tr><td></td><td></td></tr> </table>								

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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:	4/4/2023
Your Name:	Elizabeth Howarth
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
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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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:	4/5/2023
Your Name:	Kelly Howells
Manuscript Title:	Diploma Final Report
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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:	8/26/2021
Your Name:	Evangelos Kontopantelis
Manuscript Title:	DIPLOMA final 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.

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: Since the initial planning of the work								
<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 checked="" type="checkbox"/> None  <table border="1"><tr><td></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>						Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<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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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></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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## ICMJE DISCLOSURE FORM

Date:	2/12/2024
Your Name:	Eric Lowndes
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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:	04/04/2023
Your Name:	Antonia Marsden
Manuscript Title:	DIPLOMA final report
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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<b>4</b>	Consulting fees ]	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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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## ICMJE DISCLOSURE FORM

Date:	2/20/2024
Your Name:	Thomas Mason
Manuscript Title:	Click or tap here to enter text.
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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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:	3/29/2023
Your Name:	Emma McManus
Manuscript Title:	<a href="#">Click or tap here to enter text.</a>
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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.

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
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.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           I received funding for my work on this project through the NIHR HSDR scheme (16/48/07), Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention Long term Multimethod Assessment)         </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<b>Click the tab key to add additional rows.</b>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></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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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; vertical-align: top;"> I have been a member of the NDH-DPP advisory group which prepares reports using the National Diabetes Audit Data that get uploaded on the NHS Digital website </td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	I have been a member of the NDH-DPP advisory group which prepares reports using the National Diabetes Audit Data that get uploaded on the NHS Digital website							
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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:	3/29/2023
Your Name:	Rachel Meacock
Manuscript Title:	Click or tap here to enter text.
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: Since the initial planning of the work									
<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"/> <b>None</b>  <table border="1"><tr><td>National Institute for Health and Care Research (NIHR)</td><td>Payments made to my Institution</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td>Click the tab key to add additional rows.</td></tr></table>	National Institute for Health and Care Research (NIHR)	Payments made to my Institution				Click the tab key to add additional rows.	
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<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Institute for Health Economics</td><td>Payments made to my Institution</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Institute for Health Economics	Payments made to my Institution							
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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <p>HS&amp;DR Associate Board Members May 2012 to May 2017. HS&amp;DR Researcher-Led - Associate Board Members (May 2012 to March 2016). HS&amp;DR Funding Committee Members (January 2019 to January 2022) HS&amp;DR Funding Committee (Seacole)</p> <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:	8/4/2021
Your Name:	Dr Lisa Miles
Manuscript Title:	Click or tap here to enter text.
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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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></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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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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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:	5/14/2024
Your Name:	Manoj Mistry
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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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**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

<b>Date:</b>	5/31/2024
<b>Your Name:</b>	[Elizabeth Murray] signed by Peter Bower on behalf of Elizabeth Murray
<b>Manuscript Title:</b>	[Click or tap here to enter text.]
<b>Manuscript Number (if known):</b>	[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.

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>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>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 checked="" type="checkbox"/> None	<table border="1"><tr><td></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>						Click the tab key to add additional rows.
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Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<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>						
<b>3</b>	Royalties or licenses	<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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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></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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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:	2/20/2024
Your Name:	Rathi Ravindrarajah
Manuscript Title:	Click or tap here to enter text.
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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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:	4/4/2023
Your Name:	Beth Parkinson
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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.) <b>No time limit for this item.</b>	<p><input type="checkbox"/> <b>None</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HSDR scheme (16/48/07)</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR HSDR scheme (16/48/07)					Click the tab key to add additional rows.	
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3	Royalties or licenses	<p><input checked="" type="checkbox"/> <b>None</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

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## ICMJE DISCLOSURE FORM

Date:	3/27/2023
Your Name:	David Reeves
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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: 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.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           The manuscript is based on independent research funded by the National Institute for Health and Care Research (Health Services and Delivery Research, 16/48/07 – Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long Term Multimethod Assessment)).         </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<small>Click the tab key to add additional rows.</small>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
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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:	4/5/2023
Your Name:	Caroline Sanders
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
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.

		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									
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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:	3/28/2023
Your Name:	Dr Jamie Ross
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
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:	3/31/2023
Your Name:	Jonathan Stokes
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
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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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:	2/20/2024
Your Name:	Helen Wallworth
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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:	5/14/2024
Your Name:	Ruth Watkinson
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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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**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:	2/20/2024
Your Name:	Vasudha Wattal
Manuscript Title:	Click or tap here to enter text.
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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Date:	3/27/2023
Your Name:	William Whittaker
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	Click or tap here to enter text.

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Manuscript Title:	Click or tap here to enter text.
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Date:	3/27/2023
Your Name:	Adrine Abblitt Woodham
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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1	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"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px; vertical-align: top;">           The manuscript is based on independent research funded by the National Institute for Health and Care Research (Health Services and Delivery Research, 16/48/07 – Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long Term Multimethod Assessment)).         </div>	
Time frame: past 36 months			
2	<input checked="" type="checkbox"/> <b>None</b>	<div style="border: 1px solid black; padding: 5px; height: 100px; vertical-align: top; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 5px; height: 100px; vertical-align: top; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 5px; height: 100px; vertical-align: top;"></div>	
3	<input checked="" type="checkbox"/> <b>None</b>	<div style="border: 1px solid black; padding: 5px; height: 100px; vertical-align: top; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 5px; height: 100px; vertical-align: top; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 5px; height: 100px; vertical-align: top;"></div>	

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <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:	4/13/2023
Your Name:	Matt Sutton
Manuscript Title:	Synopsis Report of the Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment)
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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: Since the initial planning of the work								
1	<input type="checkbox"/> None  <div style="border: 1px solid black; padding: 5px;"><p>I received funding for my work on this project through the NIHR HSDR scheme (16/48/07), Evaluating the NHS Diabetes Prevention Programme (NHS-DPP): the DIPLOMA research programme (Diabetes Prevention Long term Multimethod Assessment)</p></div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 5px; height: 40px; margin-top: 5px;">Click the tab key to add additional rows.</div>							
Time frame: past 36 months								
2	<input checked="" type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>  HS&DR POM Committee (Current member) HS&DR Researcher- Led - Board Members (April 2012 to March 2016) HS&DR NHS 111 Online Sub Board (May 2012 to September 2020) HS&DR Funding Committee Members (May 2012 to September 2020) HS&DR Funding Committee (Bevan) (November 2020)									

		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
		HS&DR Funding Committee (Seacole)	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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