

ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Katie Scandrett

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
		This work was funded by the NIHR Evidence Synthesis Programme, project number NIHR159946	Funding was paid to the University of Birmingham and the University of Birmingham
		Supported by the NIHR Birmingham Biomedical Research Centre at the University Hospitals Birmingham NHS Foundation Trust and the University of Birmingham.	Funding was paid to the University of Birmingham NHS Foundation Trust and the University of Birmingham.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							

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1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
1 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	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: 7/17/2023

Your Name: Jill Colquitt

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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		Funding was paid to the University of Birmingham and the University of Birmingham
		Click the tab key to add additional rows.
Time frame: past 36 months		
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ICMJE DISCLOSURE FORM

Date: 7/29/2023

Your Name: Rachel Court

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	educational events		
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts	<input checked="" type="checkbox"/> None	

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	or other services		
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Fiona Whiter

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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1	All support for the present manuscript (e.g., funding,	<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)
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This work was funded by the NIHR Evidence Synthesis Programme, project number NIHR159946	Funding was paid to the University of Warwick and the University of Birmingham
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Bethany Shinkins

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<p>I am an unfunded co-applicant on an NIHR HTA Application Accelerator Award (platform studies in areas considered strategic priorities) – led by Phillip Pallman at Cardiff University and Enitan Carrol at the University of Liverpool. The proposed platform trial will focus on evaluating diagnostic technologies for those presenting with suspected bacterial infection to emergency care.</p> <p>No funding has been received by the University of Warwick for this work – we expect this will be costed into the full HTA application which will be submitted at the end of November.</p>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Yemisi Takwoingi

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Emma Loveman

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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ICMJE DISCLOSURE FORM

Date: 7/30/2021

Your Name: Dan Todkill

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	or other services		
1 3	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: 7/19/2023

Your Name: Paramjit Gill

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding,	<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)
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This work was funded by the NIHR Evidence Synthesis Programme, project number NIHR159946	Funding was paid to the University of Warwick and the University of Birmingham
		Co-Chair NIHR RIGHT Panel	Payment to University of Warwick
			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).	<input type="checkbox"/> None	
		NIHR Senior Investigator	Payment to University of Warwick
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	

		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)
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		OPTIMAL Steering Group	No payment
		Enhanced Safety Group, PANORAMIC Trial	Funding to University of Warwick
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		NIHR Work and Health Development Awards Panel	No payment

	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)
<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: 8/14/2024

Your Name: Daniel Lasserson

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
	This work was funded by the NIHR Evidence Synthesis Programme, project number NIHR159946	Funding was paid to the University of Birmingham and the University of Birmingham
	Click the tab key to add additional rows.	

		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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NHS England West Midlands	Paid to University of Warwick
		NIHR Funding: Health Technology Assessment Programme (NIHR 135832), Policy Research Programme (NIHR 202691, NIHR 200718), MedTech and IVD Cooperative Programme (Theme Lead, Community Healthcare), Applied Research Collaboration Programme, (Theme Lead, West Midlands), Biomedical Research Centre programme (Sub theme co-lead, Oxford).	Paid to University of Warwick
		Butterfly Net Inc	Contract with Oxford University Ho NHS Foundation Trust for institutio payments (none made to date)
		Vifor Pharma Ltd	Paid to University of Birmingham
		Unfunded co-applicants on an NIHR HTA Application Accelerator Award (platform studies in areas considered strategic priorities) – led by Dr Phillip Pallman at Cardiff University and Professor Enitan Carrol at the University of Liverpool. The proposed platform trial will focus on evaluating diagnostic technologies for those presenting with suspected bacterial infection to emergency care. Undertook a service evaluation (not funded by the companies) of Abbott and Afinion point of care tests and other point of care test research studies funded by the Health Foundation or through core NIHR infrastructure awards.	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None
	Chair of Study Steering Group Aster AKI (NIHR 131948 - HSDR Funded)	No payments
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None
	President of UK Hospital at Home Society	No Payments made.
11	Stock or stock options	<input checked="" type="checkbox"/> None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input type="checkbox"/> None	
		HTA Clinical Evaluation and Trials Committee 20162021	
<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>			

ICMJJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: Lena Alkhudairy

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
		This work was funded by the NIHR Evidence Synthesis Programme, project number NIHR159946	Funding was paid to the University of Birmingham and the University of Birmingham
		<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"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None 	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None 	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None 	
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 	

		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)
1 3	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>			

ICMJJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Professor Amy grove

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials,	<input type="checkbox"/> None	
		This work was funded by the NIHR Evidence Synthesis Programme, project number NIHR159946	Funding was paid to the University of Birmingham and the University of Birmingham
			Click the tab key to add additional rows.

		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)
	medical writing, article processing charges, etc.) No time limit for this item.		
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	

		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)
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		HTA Commissioning Committee 2023-2024.	

	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)
<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: 7/27/2021

Your Name: Yen-Fu Chen

Manuscript Title: Rapid tests to inform triage and antibiotic prescribing decisions for adults presenting with suspected acute respiratory infection: A rapid evidence synthesis of clinical effectiveness and cost-utility studies

Manuscript Number (if known): NIHR159946

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
	This work was funded by the NIHR Evidence Synthesis Programme, project number NIHR159946	Funding was paid to the University of Birmingham and the University of Birmingham
	<small>Click the tab key to add additional rows.</small>	

		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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

		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)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Member of the NIHR Evidence Synthesis Programme Prioritisation and Advisory Group (ESPPAG)	Since January 2023.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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>			

