

# ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Carl Macrae

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**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.

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		Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>		
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**Date:** 8/7/2023

**Your Name:** Daisy Halligan

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

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**Your Name:** Debra Hazeldine

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

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**Your Name:** Gemma Louch

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**Your Name:** John Baker

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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:** 8/7/2023

**Your Name:** Joanne Hughes

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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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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<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"/> <b>None</b> <table border="1"> <tr> <td>Learn Together Programme (HSDR 18/10/02)</td> <td>Jo received payments for their involvement in the programme as part of the Patient and Family Advisory Group</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Learn Together Programme (HSDR 18/10/02)	Jo received payments for their involvement in the programme as part of the Patient and Family Advisory Group				Click the tab key to add additional rows.
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Learn Together Study</td> <td>I was paid for my time and travel expenses according to standard PPV payment structure</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Learn Together Study	I was paid for my time and travel expenses according to standard PPV payment structure						
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 359"> <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" data-bbox="386 478 1516 579"> <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" data-bbox="386 693 1516 793"> <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:** 8/7/2023

**Your Name:** Joseph Langley

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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# ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Jenni Murray

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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## ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Jane O'Hara

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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NIHR	HSDR NIHR133742 Principal Investigator Payment to my institution							
NIHR	Yorkshire & Humber Patient Safety Research Collaboration Payment to my institution							
NHS Resolution	Evaluation of EN Scheme and MIS Scheme Payment to my institution							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 499 1516 636"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 724 1516 890"> <tr> <td>Jonkoping University</td> <td>Keynote lecture – September 2022 Payment to me</td> </tr> <tr> <td>University of Stavanger</td> <td>Thesis examination – Summer 2023 Payment to me</td> </tr> <tr><td></td><td></td></tr> </table>		Jonkoping University	Keynote lecture – September 2022 Payment to me	University of Stavanger	Thesis examination – Summer 2023 Payment to me				
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University of Stavanger	Thesis examination – Summer 2023 Payment to me										
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1066 1516 1167"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1283 1516 1383"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1499 1516 1600"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1715 1516 1881"> <tr> <td>Harmed Patients Alliance</td> <td>Part of the advisory group for the charity Harmed Patients Alliance, for which they receive no payment</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Harmed Patients Alliance	Part of the advisory group for the charity Harmed Patients Alliance, for which they receive no payment						
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
<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>							
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# ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Justin Waring

**Manuscript Title:** LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**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.

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<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>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <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>						
<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> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>NIHR</td> <td>J Waring was a HS&amp;DR Researcher-Led Board member</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIHR	J Waring was a HS&DR Researcher-Led Board member							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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:** 11/13/2023

**Your Name:** Katherine Ludwin

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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## ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Lauren Ramsey

**Manuscript Title:** LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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## ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Laura Sheard

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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"Understanding and improving the quality of primary care for prisoners" (2019-2022). <b>£659k</b> . NIHR HS&DR.	Beyond Food Aid: What are the most beneficial models of emergency food aid provision delivered by community food assets in Bradford and Tower Hamlets?" (2023-2025). <b>£921k</b> . NIHR PHR.							
The impact of Covid-19 on delivery and receipt of prison healthcare in the UK" (2021-2022). <b>£202k</b> . UKRI/ESRC.								

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# ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Olivia Rogerson

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**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>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1516 791"> <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:** 8/7/2023

**Your Name:** Penny Phillips

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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## ICMJE DISCLOSURE FORM

**Date:** 8/29/2023

**Your Name:** Rebecca Lawton

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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# ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Rebecca Partridge

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <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%; margin-top: 5px;"> <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%; margin-top: 5px;"> <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:** 8/7/2023

**Your Name:** Ruth Simms-Ellis

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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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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<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> </table>						

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7	Support for attending meetings and/or travel	<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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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# ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Siobhan McHugh

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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# ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

**Your Name:** Sarah Seddon

**Manuscript Title:** 'LEARN TOGETHER' – PATIENT AND FAMILY INVOLVEMENT IN PATIENT SAFETY INCIDENT INVESTIGATIONS: DEVELOPING AND TESTING NATIONAL AND LOCAL GUIDING PROCESSES (HS&DR 18/10/02)

**Manuscript Number (if known):** Not Known

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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 825 1516 928"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1043 1516 1306"> <tr> <td>I received payments from the university (according to the standard Patient/Public Involvement payment Protocol) for my time attending meetings and travel to in-person meetings was also paid (I gave my input into this project in my capacity as a patient)</td> <td>Payments were made directly from the university to myself.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		I received payments from the university (according to the standard Patient/Public Involvement payment Protocol) for my time attending meetings and travel to in-person meetings was also paid (I gave my input into this project in my capacity as a patient)	Payments were made directly from the university to myself.						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1610 1516 1713"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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