Date:	11/11/2024
Your Name:	Carin Magnusson
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	10/16/2023
Your Name:	Craig Mortimer
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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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.) No time limit for this item.	[⊠] No	ne Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No		
3	Royalties or licenses	⊠ No	ne	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	10/13/2023
Your Name:	Cath Taylor
Manuscript Title:	The SEE-IT Trial: Emergency Medical Services Streaming Enabled Evaluation In Trauma: a feasibility randomised controlled trial
Manuscript Number (if known):	STRE-D-23-00305

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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.) No time limit for this item.	NIHR HS&DR Funded the project Mark Wilson/GoodSAM	Funding to University of Surrey – the funder had no role in the design, collection, analysis, interpretation, writing of manuscript. Waived the cost of using GoodSAM for the purposes of this RCT. Mark Wilson/GoodSAM had no role in the design, collection, analysis, interpretation or writing of the manuscript. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	
3	Royalties or licenses	None 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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	9/29/2023
Your Name:	Heather Gage
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No		
3	Royalties or licenses	⊠ No	ne	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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.			

Date:	9/29/2023
Your Name:	Janet Holah
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	⊠ No	ne	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the square o	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ 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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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.			

relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None Cath Taylor and Richard Lyons (Co-PI) (Jill Maben Mentor and co-app). Reducing time to appropriate emergency response in trauma incidents using smartphone video streaming from 999 callers: A feasibility Randomised Controlled Trial. NIHR HS&DR programme:	Date:	9/29/2023	
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All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None Cath Taylor and Richard Lyons (Co-PI) (Jill Maben Mentor and co-app). Reducing time to appropriate emergency response in trauma incidents using smartphone video streaming from 999 callers: A feasibility Randomised Controlled Trial. NIHR HS&DR programme:		-	Specifications/Comments (e.g., if payments were made to you or to your institution)
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this item.	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Cath Taylor and Richard Lyons (Co-PI) (Jill Maben Mentor and co-app). Reducing time to appropriate emergency response in trauma incidents using smartphone video streaming from 999 callers: A feasibility Randomised	Payments made to my institution for my time on the project Click the tab key to add additional rows.no payments made

Grants or contracts from any entity (if not indicated in item #1 above). None None None None 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)
5	Consulting fees Payment or	None None None □ None	
•	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	McGill University Canada	Payment for scholar in residence at Ingram school of nursing
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	NIHR grants only	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair of Care Under Pressure 3 NIHR study advisory board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Editorial board Journal of Advanced Nursing and Nursing Times	No financial recompense received

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Member of the NIHR HS&DR prioritization committee 2019-2022	No payments made
Plea [⊠]	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.		

Date:	9/29/2021
Your Name:	Julia Williams
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No		
3	Royalties or licenses	⊠ No	ne	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:			9/29/2021		
Your Name:			Kate Bennett Eastley		
Manuscript Title:		-	Emergency Medical Services Streaming Ena RCT	bled Evaluation in Trauma: The SEE-IT Feasibility	
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you		ript. "Rela of the mar e in doubt ps/activitie ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
In it	medication is not mem #1 below, report	: all suppor	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ No	Time frame: past 36 month	s	
3	Royalties or licenses	No.	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	10/10/2023
Your Name:	Lucie Ollis
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:		9/29/2023	9/29/2023		
Your Name:		Mark Cropley	Mark Cropley		
Manuscript Title:		Emergency Medical Services Streaming En RCT	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT		
Mar	nuscript Number (if kn	wn): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma		"Related" means any relation with for-profit or note manuscript. Disclosure represents a commitme	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	demiology of hypertens	ctivities/interests should be defined broadly. For on, you should declare all relationships with manu oned in the manuscript.			
	em #1 below, report al ne for disclosure is the	support for the work reported in this manuscript vast 36 months.	vithout time limit. For all other items, the time		
		me all entities with whom you have this ationship 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	Time frame: Since the initial planning of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None aylor, C., Lyons, R, Maben, J., Magnusson, C., kene, S., Gage, H. Cropley, M. Reducing time to ppropriate emergency response in trauma acidents using smartphone video streaming from 99 callers: A feasibility Randomised Controlled rial. NIHR HS&DR programme. £459,981.23.			
			Click the tab key to add additional rows.		
2	contracts from	None ee above			
3	Royalties or licenses	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	10/18/2023
Your Name:	Matthew Glover
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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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.) No time limit for this item.	[⊠] No	ne Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No		
3	Royalties or licenses	⊠ No	ne	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	10/13/2023
Your Name:	Rachael Cooke
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:			9/29/2021		
Your Name:			Prof Richard Lyon		
Ma	nuscript Title:		Emergency Medical Services Streaming Ena RCT	bled Evaluation in Trauma: The SEE-IT Feasibility	
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
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epic	•	nsion, yo	The state of the s	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36			· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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of study materials, medical writing, article processing charges, etc.) No time limit for this item.				Click the tab key to add additional rows.	
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2	Grants or contracts from	[] N	one		

Royalties or

licenses

⊠ None

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	10/13/2023
Your Name:	Scott Munro
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT
Manuscript Number (if known):	Click or tap here to enter text.

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13	Other financial or non-financial interests	None	
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.			

Date:	9/29/2023	
Your Name:	Prof Simon Skene	
Manuscript Title:	Emergency Medical Services Streaming Enabled Evaluation in Trauma: The SEE-IT Feasibility RCT	
Manuscript Number (if known):	Click or tap here to enter text.	

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