

ICMJE DISCLOSURE FORM

Date: 12/1/2021

Your Name: _____ ; Anne Rhodes.

Manuscript Title: first trimester anomaly screening HTA report to the NIHR.

Manuscript Number (if known):

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

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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: 11/23/2022

Your Name: Jehan Karim

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 18th November 2022

Your Name: Edward CF Wilson

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 11/18/2022

Your Name: Gillian Yaz

Manuscript Title: First Trimester Screening report

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

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ICMJE DISCLOSURE FORM

Date: 11/16/2022

Your Name: Heather L Longworth

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 11/9/2022

Your Name: Jim thornton

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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	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 checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

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4	Consulting fees	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	

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ICMJE DISCLOSURE FORM

Date: 11/7/2022

Your Name: Kypros H Nicolaides

Manuscript Title: NIHR HTA Grant Report 17/19/10Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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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11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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☒ 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: 11/13/2022

Your Name: Louise Linsell

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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

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

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Time frame: past 36 months		
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>

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13	Other financial or non-financial interests	<input type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	

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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: 11/17/2022

Your Name: Pranav Pandya

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Chair of Fetal Anomaly Screening Programme Advisory Group</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Chair of Fetal Anomaly Screening Programme Advisory Group								
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ICMJE DISCLOSURE FORM

Date: 11/18/2022

Your Name: Trish Chudleigh

Manuscript Title: HTA commissioned call (1/19): First trimester detailed ultrasound scan for the earlier detection of fetal anomalies

Manuscript Number (if known): 17/19/10

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: 11/14/2022

Your Name: Elizabeth Duff

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

Manuscript Number (if known): [Click or tap here to enter text.](#)

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

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Salaried role as policy adviser for the National Childbirth Trust; I attended meetings and reviewed documents in working hours of this post.</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>		Salaried role as policy adviser for the National Childbirth Trust; I attended meetings and reviewed documents in working hours of this post.					Click the tab key to add additional rows.
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3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; 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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 11/9/2022

Your Name: Helen Campbell

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 690 1518 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: 11/18/2022

Your Name: Jane Fisher

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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: 11/8/2022

Your Name: Gordon Smith

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

Manuscript Number (if known): Grant Report 17/19/10

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

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1"> <tr> <td>NIHR HTA grant</td><td>Payments to institution</td></tr> <tr> <td></td><td></td></tr> <tr> <td></td><td>Click the tab key to add additional rows.</td></tr> </table>	NIHR HTA grant	Payments to institution				Click the tab key to add additional rows.
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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 <table border="1"> <tr> <td>Contract. Wellcome Leap. Maternal serum proteomics to understand and to predict pregnancy complications leading to stillbirth. \$4,817,417.</td><td>Payments to institution</td></tr> <tr> <td>Grant. MRC. Pre-labour invasion of the human uterus by Streptococcus agalactiae. £1,079,169.</td><td>Payments to institution</td></tr> <tr> <td>Grant. Wellcome Trust. The evaluation and development of novel diagnostic methods to understand and prevent placentally-related complications of human pregnancy. £2,764,336 and supplement of £420,492.</td><td>Payments to institution</td></tr> </table>	Contract. Wellcome Leap. Maternal serum proteomics to understand and to predict pregnancy complications leading to stillbirth. \$4,817,417.	Payments to institution	Grant. MRC. Pre-labour invasion of the human uterus by Streptococcus agalactiae. £1,079,169.	Payments to institution	Grant. Wellcome Trust. The evaluation and development of novel diagnostic methods to understand and prevent placentally-related complications of human pregnancy. £2,764,336 and supplement of £420,492.	Payments to institution
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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)
		Contract. Roche Diagnostics Ltd. Investigator Initiated Study Agreement: Pregnancy Outcome Prediction Study 2. £100,000.	Payments to institution
		Grant. NIHR Cambridge Biomedical Research Centre. Theme Leader for Women's Health and Paediatrics. £3,629,924	Payments to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		GSK. Consultant and member of expert panel for RSV vaccination in pregnancy.	Payment to me personally.
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	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>GSK. Member of Data Safety Monitoring Committee for trials of RSV vaccination in pregnancy.</td> <td>Payment to me personally</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		GSK. Member of Data Safety Monitoring Committee for trials of RSV vaccination in pregnancy.	Payment to me personally				
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Ambassador for UK stillbirth charity, Sands</td> <td>No remuneration</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Ambassador for UK stillbirth charity, Sands	No remuneration				
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ICMJE DISCLOSURE FORM

Date: 11/7/2022

Your Name: Basky THILAGANATHAN

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 474 1518 575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 11/8/2022

Your Name: Oliver Rivero-Arias

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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: past 36 months									
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Member of Foetal Maternal and Child Health Reference Group, National Screening Committee</td> <td>Unpaid advisory role</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Member of Foetal Maternal and Child Health Reference Group, National Screening Committee	Unpaid advisory role							
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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	
		I am a shareholder and director of Maths in Health (MiH) a health economics consultancy	

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: 11/8/2022

Your Name: Dr Christos Ioannou

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment? NIHR HTA Grant Report 17/19/10

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Visiting consultant at the United Arab Emirates</td> <td>I have received payments for educational visits, hospital lectures and training ultrasound lists in the field of fetal medicine</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Visiting consultant at the United Arab Emirates	I have received payments for educational visits, hospital lectures and training ultrasound lists in the field of fetal medicine							
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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	

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: 11/8/2022

Your Name: Hilary Goodman

Manuscript Title: Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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: 11/11/2022

Your Name: Zarko Alfirevic

Manuscript Title: NIHR HTA Grant Report 17/19/10 Clinical and/or cost-effectiveness of 1st trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

Manuscript Number (if known): [Click or tap here to enter text.](#)

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Cochrane Pregnancy and Childbirth</td> <td>Co-ordinating editor</td> </tr> <tr> <td>Cochrane Library</td> <td>Editorial Board member</td> </tr> <tr> <td>HTA Funding Teleconference Member - May to October 2016, HTA Commissioning Committee member from May 2012 to March 2017.</td> <td></td> </tr> </table>	Cochrane Pregnancy and Childbirth	Co-ordinating editor	Cochrane Library	Editorial Board member	HTA Funding Teleconference Member - May to October 2016, HTA Commissioning Committee member from May 2012 to March 2017.				
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ICMJE DISCLOSURE FORM

Date: 9/16/2023

Your Name: Edmund Juszcak

Manuscript Title: NIHR HTA Grant Report 17/19/10 Clinical and/or cost-effectiveness of 1st trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Member of the HTA General Committee August 2016 to May 2018, and HTA Commissioning Committee July 2013 to July 2016.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Member of the HTA General Committee August 2016 to May 2018, and HTA Commissioning Committee July 2013 to July 2016.								
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 11/21/2022

Your Name: [Lisa Hinton]

Manuscript Title: [Clinical and/or cost-effectiveness of first trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?]

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 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 <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>
Time frame: past 36 months								
2 Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> LH works at THIS Institute. The THIS Institute is supported by the Health Foundation, an independent charity committed to bringing about better health and healthcare for people in the UK. </td> <td style="width: 40%;"></td> </tr> <tr> <td> NIHR Applied Research Programme grant: Optimising the monitoring and management of raised blood pressure during pregnancy: The BUMP Research Programme, 01/042016 to 30/12/2021 </td> <td>Co-investigator</td> </tr> <tr> <td> Exploring the potential for using mother's experiences of pre-term birth to improve care in LMICs. MRC/ESRC/Wellcome Trust/DFID Health </td> <td>Principal Investigator</td> </tr> </table>	LH works at THIS Institute. The THIS Institute is supported by the Health Foundation, an independent charity committed to bringing about better health and healthcare for people in the UK.		NIHR Applied Research Programme grant: Optimising the monitoring and management of raised blood pressure during pregnancy: The BUMP Research Programme, 01/042016 to 30/12/2021	Co-investigator	Exploring the potential for using mother's experiences of pre-term birth to improve care in LMICs. MRC/ESRC/Wellcome Trust/DFID Health	Principal Investigator	
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Exploring the potential for using mother's experiences of pre-term birth to improve care in LMICs. MRC/ESRC/Wellcome Trust/DFID Health	Principal Investigator							

		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)
		Systems Research Initiative (March 2020-March 2022)	
		Valuing the benefits and harms of antenatal and newborn screening in health economic assessments. NIHR Health Technology Assessment. January 2020-January 2022	Co-investigator
		Children's Surgery Outcome Reporting system using routinely collected data. NIHR Health Services Research and Delivery. March 2020-January 2025	Co-investigator
		Towards an integrated Self-Monitoring solution for Stroke/TIA. Stroke Association/British Heart Foundation. January 2018-September 2020	Co-investigator
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 <table border="1"> <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"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>NIHR HS&DR - Full committee member from January 2023-2026. Associate Member (2016-2018).</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		NIHR HS&DR - Full committee member from January 2023-2026. Associate Member (2016-2018).					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 1/12/2022

Your Name: Aris Papageorgiou

Manuscript Title: NIHR HTA Grant Report 17/19/10 Clinical and/or cost-effectiveness of 1st trimester ultrasound screening for fetal anomalies: Is a prospective study an efficient investment?

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 type="checkbox"/> None <div> <div>I am supported by the National Institute for Health Research (NIHR) Oxford Biomedical Research Centre (BRC).</div> <div>Payment to my institution</div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div>Click the tab key to add additional rows.</div> </div>	
Time frame: past 36 months		
2	<input type="checkbox"/> None <div> <div>I am PI or co-PI on a number of research grants from UK, European and USA research councils and charities: the NIHR / HTA, NIHR Oxford Biomedical Research Centre, EPSRC, GCRF, ERC, NIH, Wellcome LEAP, and Bill and Melinda Gates Foundation.</div> <div>These grants fund research studies. They pay departmental overheads and part of my salary (indirectly via my institution).</div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input type="checkbox"/> None	
		I receive royalties for published books (Oxford University Press)	Payments made to me
4	Consulting fees	<input type="checkbox"/> None	
		I am a senior advisor for Intelligent Ultrasound. This is undertaken via Oxford University Innovations which manages consulting activities of University staff.	Payments made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		I have received travel expenses/honoraria for lectures from GE Healthcare.	Payments made to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		I have received travel costs (no honoraria) for attending meetings by the Ministry of Health, Cyprus; Capital Medical University, Beijing; and the East Virginia Medical School, USA.	Expenses covered but no honorarium
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		I hold a patent entitled "A system and method are provided to automatically categorize biological and medical images" US10762630B2	No
9	Participation on a Data Safety Monitoring	<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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		I am Editor in Chief for BJOG for which I receive a stipend.	Payment made to me
11	Stock or stock options	<input type="checkbox"/> None	
		I am a co-founder of and hold stock in Intelligent Ultrasound, a University spin-out company.	
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	
		Part of my time I work in private medical practice.	
<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>			