ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Michael Nunns

Manuscript Title: HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review

Manuscript Number (if known): **NIHR136261**

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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3	Royalties or licenses	☒ **None**	
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**	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Alison Bethel

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: G.J. Melendez-Torres

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
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<table><tr><td>NIHR Evidence Synthesis Programme</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></td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in</td><td colspan="2">☐ None
<table><tr><td>NIHR Public Health Research Programme</td><td></td></tr><tr><td>NIHR Health Technology Assessment Programme</td><td></td></tr><tr><td>NIHR Health and Care Service Delivery Research</td><td></td></tr><tr><td>Innovate UK</td><td></td></tr></table></td></tr>
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	item #1 above).	National Institute for Health and Care Excellence	
		citiesRISE	
		Devon and Cornwall Police	
		NIHR School for Public Health Research	
3	Royalties or licenses	☒ **None**	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		NIHR Programme Grants for Applied Research	
		NIHR Pre-doctoral Local Authority Fellowship Selection Committee	
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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Jill Buckland

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 9/23/2024

Your Name: Jo Thompson Coon

Manuscript Title: HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review

Manuscript Number (if known): NIHR136261

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13	Other financial or non-financial interests	☐ **None**	
		NIHR HTA General Committee 2019-2023	**Reimbursed for travel expenses**
		NIHR RPSC Committee 2024 - present	**Reimbursed for travel expenses**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Kate Boddy

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Liz Shaw

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Rebecca Abbott

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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ICMJE DISCLOSURE FORM

Date: 10/24/2024

Your Name: Rebecca Whear

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Samantha Febrey

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **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)
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**	
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.

ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Michael Nunns

Manuscript Title: HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review

Manuscript Number (if known): NIHR136261

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	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Samantha Febrey

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Jill Buckland

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Rebecca Abbott

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Rebecca Whear

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Alison Bethel

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Kate Boddy

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Liz Shaw

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Jo Thompson Coon

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: G.J. Melendez-Torres

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

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		NIHR Evidence Synthesis Programme	
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		NIHR Public Health Research Programme	
		NIHR Health Technology Assessment Programme	
		NIHR Health and Care Service Delivery Research	
		Innovate UK	
		National Institute for Health and Care Excellence	
		citiesRISE	
		Devon and Cornwall Police	
		NIHR School for Public Health Research	

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3	Royalties or licenses	☒ **None**	
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,	☐ **None**	
		NIHR Programme Grants for Applied Research	

		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)
	society, committee or advocacy group, paid or unpaid	NIHR Pre-doctoral Local Authority Fellowship Selection Committee	
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.

ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Michael Nunns

Manuscript Title: HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review

Manuscript Number (if known): NIHR136261

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

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

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

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Samantha Febrey

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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3	Royalties or licenses	☒ **None**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Jill Buckland

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Rebecca Abbott

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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3	Royalties or licenses	☒ **None**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Rebecca Whear

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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Time frame: past 36 months			
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3	Royalties or licenses	☐ **None**	

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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**	

		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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Alison Bethel

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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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**	

		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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Kate Boddy

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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3	Royalties or licenses	☒ **None**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Liz Shaw

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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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**	

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ICMJE DISCLOSURE FORM

Date: 9/23/2024

Your Name: Jo Thompson Coon

Manuscript Title: HTA_RA1_NIHR159924: The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review

Manuscript Number (if known): NIHR136261

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☐ **None**	
		NIHR HTA General Committee 2019-2023	**Reimbursed for travel expenses**
		NIHR RPSC Committee 2024 - present	**Reimbursed for travel expenses**

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: G.J. Melendez-Torres

Manuscript Title: **HTA_RA1_NIHR159924: What is the quantity, quality and scope of recent network meta-analyses evaluating the effectiveness of Glucagon-like peptide-1 receptor agonists for weight loss in obese adults? Protocol for a scoping review of network meta-analyses**

Manuscript Number (if known): **NIHR136261**

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		NIHR Evidence Synthesis Programme	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIHR Public Health Research Programme	
		NIHR Health Technology Assessment Programme	
		NIHR Health and Care Service Delivery Research	
		Innovate UK	
		National Institute for Health and Care Excellence	
		citiesRISE	
		Devon and Cornwall Police	
		NIHR School for Public Health Research	

		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	☒ **None**	
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,	☐ **None**	
		NIHR Programme Grants for Applied Research	

		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)
	society, committee or advocacy group, paid or unpaid	NIHR Pre-doctoral Local Authority Fellowship Selection Committee	
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.