

ICMJE DISCLOSURE FORM

Date: 09/APR/2024 _____

Your Name: Valentina Cardi _____

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.	National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).	Salary support from the trial funder: National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_ None	University of Padova
			Grant funded by the Medical Research Council
			Grant funded by the British Academy

3	Royalties or licenses	X__None	
4	Consulting fees	X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	X__None	
7	Support for attending meetings and/or travel	X__None	
8	Patents planned, issued or pending	X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X__None	
11	Stock or stock options	X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X__None	
13	Other financial or non-financial interests	X__None	

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

X__ 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: 09/FEB/2024

Your Name: Janet Treasure, MD

Manuscript Title: A pragmatic multicentre randomised controlled trial of ECHOMANTRA, a digital guided self-management intervention to support transition from intensive care to community care in Anorexia Nervosa

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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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 HTA grant	Salary support from the trial funder: National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09). Money for KCL & SLAM to support materials, platform & administration
			Participants were given Collaborative Care book written by myself
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	none
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	None
7	Support for attending meetings and/or travel	___ None	None
8	Patents planned, issued or pending	___ None	none
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	none
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	None
11	Stock or stock options	___ None	none
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	none
13	Other financial or non-financial interests	___ None	none

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

 X 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: 12.02.2024 _____

Your Name: Sabine Landau _____

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

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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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 Biomedical Research Centre at South London and Maudley NHS Foundation Trust and Kings College London.	Sabine Landau receives salary support from this NIHR BRC
NIHR Applied Research Collaboration, South London.		Sabine Landau receives salary support from this NIHR ARC.	
NIHR HTA grant		Funder of this clinical trial by the National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).	
Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	X__None	
3	Royalties or licenses	X__None	
4	Consulting fees	X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	X__None	
7	Support for attending meetings and/or travel	X__None	
8	Patents planned, issued or pending	X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X__None	
11	Stock or stock options	X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X__None	
13	Other financial or non-financial interests	X__None	

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

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ICMJE DISCLOSURE FORM

Date: 12.2.2024 _____

Your Name: Jon Arcelus _____

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

Manuscript number (if known):

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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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X__None	
3	Royalties or licenses	X__None	
4	Consulting fees	X__None	

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

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

X__ 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: February 9, 2024

Your Name: Suman Ambwani, PhD

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

Manuscript number (if known):

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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.

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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.	___None	Co-applicant on NIHR HTA grant that funded the TRIANGLE project.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__x__None	
3	Royalties or licenses	__x__None	
4	Consulting fees	__x__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 type="checkbox"/> None	HTA funding covered conference registration fees for the London Eating Disorders International Conference in 2023 (to present TRIANGLE research).
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: 10/02/2024_____

Your Name: Ulrike Schmidt, MD PhD FRCPsych_____

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

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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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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___x	US receives salary support from the NIHR Biomedical Research Centre for Mental Health, South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, Psychology and Neuroscience, King’s College London. The views expressed in this publication are those of the authors and not necessarily those of the National Health Service, the NIHR or the UK Department of Health.

3	Royalties or licenses	___x	Ulrike Schmidt receives royalties from Routledge for various patient workbooks on eating disorders.
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	
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:

x 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: 14/03/2024

Your Name: Katie Rowlands

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

Manuscript number (if known): _____

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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-HTA	Payments to institution to fund Research Assistant post from the trial funder: National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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

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

 X 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: 14.03.20224 _____

Your Name: Danielle Clark Bryan _____

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

Manuscript number (if known): _____

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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-HTA	Payments to institution to fund Research Assistant post from the trial funder: National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_ None	

3	Royalties or licenses	X__None	
4	Consulting fees	X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	X__None	
7	Support for attending meetings and/or travel	X__None	
8	Patents planned, issued or pending	X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X__None	
11	Stock or stock options	X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X__None	
13	Other financial or non-financial interests	X__None	

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

X__ 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: 14/03/2024

Your Name: Jodie Lord

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

Manuscript number (if known): _____

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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-HTA	Payments to institution to fund statistician post from the trial funder: National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	X 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	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: _____ 12 February, 2024 _____

Your Name: _____ Pamela

Macdonald _____

Manuscript Title: _ "Patient and carer feedback and engagement with ECHOMANTRA, a digital guided intervention for anorexia nervosa"

Manuscript number (if known): _ ERV-RA-2023-10-3421.R1.

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: 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.	X None	Payments for work on the qualitative analysis from the trial funder: National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).
Time frame: past 36 months			
2		X None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X__None	
4	Consulting fees	X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	X__None	
7	Support for attending meetings and/or travel	X__None	
8	Patents planned, issued or pending	X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X__None	
11	Stock or stock options	X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X__None	
13	Other financial or non-financial interests	X__None	

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X__ 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: 09/APR/2024 _____

Your Name: Amy Harrison _____

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X__None	
3	Royalties or licenses	X__None	

4	Consulting fees	X___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X___None	
6	Payment for expert testimony	X___None	
7	Support for attending meetings and/or travel	X___None	
8	Patents planned, issued or pending	X___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X___None	
11	Stock or stock options	X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X___None	
13	Other financial or non-financial interests	X___None	

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

X___ 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: 09/APR/2024 _____

Your Name: Eva Bonin _____

Manuscript Title: Triangle End of Study Report: Clinical and Cost-effectiveness of ECHOMANTRA + Treatment as Usual compared with Treatment as Usual only for Patients with Anorexia Nervosa: The TRIANGLE RCT

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.	None	Payments to institution to fund health economist post from the trial funder: National Institute for Health Research (NIHR), under its Health Technology Assessment (HTA) Programme (Grant Reference Number 14/68/09).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	X__None	
7	Support for attending meetings and/or travel	X__None	
8	Patents planned, issued or pending	X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X__None	
11	Stock or stock options	X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X__None	
13	Other financial or non-financial interests	X__None	

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

X__ 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: 10/10/2023

Your Name: David McDaid

Manuscript Title: TRIANGLE: A pragmatic multicentre randomised controlled trial of ECHOMANTRA, a digital guided self-management intervention to support transition from intensive care to community care in Anorexia Nervosa

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	

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

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