

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

ROBERT

2. Surname (Last Name)

HORNE

3. Date

03-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Supporting antiretroviral therapy uptake and adherence: the SUPA research programme and RCT

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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ADD

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Generate Disclosure Statement

Rob Horne has undertaken speaker engagements with honoraria with the following companies: Abbvie, Amgen, Biogen Idec, Gilead Sciences, GlaxoSmithKline, Janssen, Pfizer, Roche, Shire Pharmaceuticals, MSD, Astellas, Astrazeneca, Erasmus and Novartis and TEVA. Professor Rob Horne is founder and shareholder of a UCL-business company (Spoonful of Sugar Ltd) providing consultancy on supporting patients with medicines and treatment-related behaviours to healthcare policy makers, providers and industry.

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Section 1. Identifying Information

1. Given Name (First Name)
Caroline

2. Surname (Last Name)
Sabin

3. Date
02-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Professor Rob Horne

5. Manuscript Title
Supporting antiretroviral therapy uptake and adherence: the SUPA research programme and RCT

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUPA grant	X
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Gilead Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding for membership of Data Safety and monitoring Boards, Advisory Boards and for preparation of educational materials	X

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
ViiV Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding for membership of Data Safety and monitoring Boards, Advisory Boards and for preparation of educational materials	X
						ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Sabin reports grants from NIHR, during the conduct of the study; personal fees from Gilead Sciences, personal fees from ViiV Healthcare, outside the submitted work; .

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Evaluation and Feedback

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ICMJE DISCLOSURE FORM

Date: 10/05/2021

Your Name: Trudie Chalder

Manuscript Title: _____

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	
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	
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.

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Section 1. Identifying Information

1. Given Name (First Name)

Vanessa

2. Surname (Last Name)

Cooper

3. Date

03-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Professor Rob Horne

5. Manuscript Title

Supporting antiretroviral therapy uptake and adherence: the SUPA research programme and RCT

6. Manuscript Identifying Number (if you know it)

RP-PG-0109-10047

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Dr. Cooper has nothing to disclose.

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1. Given Name (First Name)

LUCY

2. Surname (Last Name)

C. A. J. P. F. LL

3. Date: 5/1/2011

4. Are you the corresponding author?

Yes No

5. Manuscript Title

SUPPORTING ANTIRETROVIRAL UPTAKE & ADHERENCE: THE SUPA RESEARCH PROGRAMME & RCT

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Elizabeth Glendinning has nothing to disclose.

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ICMJE Statement of Intent

ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Dr. Li, S

2. Surname (Last Name)

MD. SvJ vl

3. Date

05/03/20

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Supporting antiretroviral therapy uptake and adherence: the SUPA Research Program and RCT

6. Manuscript Identifying Number (if you know it)

RP-PG-0109-10047

Section 2. The Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
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