

ICMJE DISCLOSURE FORM

Date: 17th July, 2023

Your Name: Prof Simon J Davies

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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. | NIHR Health Technology Programme | To my institution (Keele University) |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| 6 | Payment for expert testimony | ____ None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| | | | |
| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____ None | |
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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: 21/07/2023

Your Name: DAVID COYLE

Manuscript Title: Public and Patient Involvement (PPI) in the Design, Execution and Dissemination of the BISTRO Trial

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.

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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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 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 | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| 13 | Other financial or non-financial interests | ___ 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: 13/07/2023

Your Name: Dr Elizabeth J Lindley

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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.

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

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| 6 | Payment for expert testimony | ____ None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| 13 | Other financial or non-financial interests | ____ 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: 15/07/2023

Your Name: Dr David F Keane

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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.

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ Baxter Healthcare | Investigator initiated unrestricted research grant paid to institution (£4343) |
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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | ____ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 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 | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| 13 | Other financial or non-financial interests | ___ None | |
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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: 13/07/2023

Your Name: Dr John Belcher

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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.

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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>None</div> <div></div> <div></div> <div></div> <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). | <div>None</div> <div></div> <div></div> | |
| 3 | Royalties or licenses | <div>None</div> <div></div> <div></div> | |
| 4 | Consulting fees | <div>None</div> <div></div> <div></div> | |

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|----|--|-----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| 13 | Other financial or non-financial interests | ____ 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: 13/07/2023

Your Name: Prof Fergus J Caskey

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <div>None</div> <div></div> <div></div> | |
| 3 | Royalties or licenses | <div>None</div> <div></div> <div></div> | |
| 4 | Consulting fees | <div>None</div> <div></div> <div></div> | |

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|----|--|-----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____ None | |
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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: 20/07/2023

Your Name: Prof Indranil Dasgupta_____

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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.

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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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | yes | Unrestricted research grant from Sanofi awarded to the institution |
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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | ____ None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___yes | From Sanofi, Vifor, AstraZeneca, GSK to me personally |
| | | | |
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| 6 | Payment for expert testimony | ___None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___yes | GSK |
| | | | |
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| 8 | Patents planned, issued or pending | ___None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___yes | Vifor, GSK |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___yes | Secretary Renal Association UK, Chair of Research Committee British and Irish Hypertension Society, Co-Chair Association of British Clinical Diabetologists and UK Kidney Association Committee, Lead Division 2 of West Midlands Clinical Research Network |
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| | | | |
| 11 | Stock or stock options | ___None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___None | |
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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: 31/07/2023

Your Name: Prof Andrew Davenport

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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: past 36 months | | | |
| N on e2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ none | |
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| | | | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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ICMJE DISCLOSURE FORM

Date: 20/7/23

Your Name: Prof Ken Farrington _____

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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: past 36 months | | | |
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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | ____ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| | | | |
| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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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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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: 14/07/2023

Your Name: Dr Sandip Mitra

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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. | <div>None</div> <div></div> <div></div> <div></div> <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). | <div>None</div> <div></div> <div></div> | |
| 3 | Royalties or licenses | <div>None</div> <div></div> <div></div> | |
| 4 | Consulting fees | <div>None</div> <div></div> <div></div> | |

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|----|--|-----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| | | | |
| 11 | Stock or stock options | ____ None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____ None | |
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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: 19th July 2023

Your Name: Prof Paula Ormandy

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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) |
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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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | A national study of practice patterns in renal services in the identification and management of depression in people with chronic kidney disease - Kidney Research UK - 06/2020 - 09/2023 – Co-applicant | £266,301.00 GBP Institution grant |
| | | Personalised Exercise-Rehabilitation FOR people with Multiple long-term conditions (multimorbidity)-The PERFORM trial - National Institute for Health Research - 01/2022 - 03/2028 | £2,563,074.00 GBP Institution grant |

| | | | |
|----|--|---|--|
| | | Development of a Social Prescribing Population Health Management Tool - Technology Strategy Board Knowledge Transfer Partnership - 08/2021 - 12/2022 Principal Applicant | £110,519.00 GBP Institution grant |
| 3 | Royalties or licenses | ____ None | |
| | | | |
| | | | |
| 4 | Consulting fees | Baxter International Mykidneyjourney website development | Personal Payment as member of European Think Tank Team |
| | | GSK Patient Advisory Board on information and education | Personal Payment as Chair |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | ____ None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | Co-Chair Kidney Patient Involvement Network Treasurer and Executive Member Association of Nephrology Nurses UK | Volunteer unpaid Volunteer unpaid |
| | | | |
| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____ None | |
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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: 24/07/2023

Your Name: Prof Martin E Wilkie

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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. | <input checked="" type="checkbox"/> None | |
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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 | Research grant from Baxter to my institution. |
| | | | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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|----|--|--------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | Speakers fees from Baxter and Fresenius |
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| | | | |
| 6 | Payment for expert testimony | _X___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___X___ None | |
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| | | | |
| 8 | Patents planned, issued or pending | X___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X___ None | |
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| | | | |
| 11 | Stock or stock options | ___X___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___X___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___X___ None | |
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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: 13/07/2023

Your Name: Prof Jamie H Macdonald

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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. | <div>None</div> <div></div> <div></div> <div></div> <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). | <div>None</div> <div></div> <div></div> | |
| 3 | Royalties or licenses | <div>None</div> <div></div> <div></div> | |
| 4 | Consulting fees | <div>None</div> <div></div> <div></div> | |

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|----|--|-----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| | | | |
| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| 13 | Other financial or non-financial interests | ____ None | |
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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: 13/07/2023

Your Name: Dr Mandana Zanganeh

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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.

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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. | <div>_____ None</div> <div></div> <div></div> <div></div> <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). | <div>_____ None</div> <div></div> <div></div> | |
| 3 | Royalties or licenses | <div>_____ None</div> <div></div> <div></div> | |
| 4 | Consulting fees | <div>_____ None</div> <div></div> <div></div> | |

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|----|--|----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 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 | |
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| 11 | Stock or stock options | ___ 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 | |
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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: 13/07/2023

Your Name: Dr Lazaros Andronis

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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.

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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. | <div>_____ None</div> <div></div> <div></div> <div></div> <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). | <div>_____ None</div> <div></div> <div></div> <div></div> | |
| 3 | Royalties or licenses | <div>_____ None</div> <div></div> <div></div> <div></div> | |
| 4 | Consulting fees | <div>_____ None</div> <div></div> <div></div> <div></div> | |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| | | | |
| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 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 | |
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| | | | |
| 11 | Stock or stock options | ___ None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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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: 13/07/2023

Your Name: Dr Ivonne Solis-Trapala_____

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | ____ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| 6 | Payment for expert testimony | ____ None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| | | | |
| 11 | Stock or stock options | ____ None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____ None | |
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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: 13.07.23

Your Name: Prof Julius Sim

Manuscript Title: Cost-effectiveness of bioimpedance guided fluid management in patients undergoing haemodialysis: the BISTRO 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.

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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) |
|---|--|---|---|
| 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. | <div>___ None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> | <div>None other than the HTA grant that supported the project</div> <div></div> <div></div> <div></div> <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). | <div>___ None</div> <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div> <div></div> |
| 3 | Royalties or licenses | <div>___ None</div> <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div> <div></div> |
| 4 | Consulting fees | <div>___ None</div> <div></div> | <div></div> <div></div> |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 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 | |
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| | | | |
| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____ None | |
| | | | |
| | | | |

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

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.