

## ICMJE DISCLOSURE FORM

**Date:**

**Your Name:**

**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 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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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	

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## ICMJE DISCLOSURE FORM

**Date:** 11/4/2024

**Your Name:** Tarek Ahmed

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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

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**Your Name:** Colin White

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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## ICMJE DISCLOSURE FORM

**Date:** 10/18/2024

**Your Name:** Michael Deary

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

**Manuscript Number (if known):** PHR NIHR136213

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

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><b>PHR NIHR136213</b></td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 2px;">Research intern award to Olivia Mansell from Northumbria University (100 hours)</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	<b>PHR NIHR136213</b>		Research intern award to Olivia Mansell from Northumbria University (100 hours)		<small>Click the tab key to add additional rows.</small>	
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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.

# 10/22/2024 ICMJE DISCLOSURE FORM

**Date:** 10/22/2024

**Your Name:** Lindsay Bramwell

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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

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<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"><b>PHR NIHR136213</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Researcher award</td> <td style="padding: 2px;">Via Northumbria University</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>		<b>PHR NIHR136213</b>		Researcher award	Via Northumbria University		<small>Click the tab key to add additional rows.</small>
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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:** 10/18/2024

**Your Name:** Richard McNally

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 10/18/2024

**Your Name:** Anil Namdeo

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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

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# ICMJE DISCLOSURE FORM

**Date:** 10/21/2024

**Your Name:** Olivia Mansell

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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

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

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:** 10/18/2024

**Your Name:** Luke Vale

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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

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## ICMJE DISCLOSURE FORM

**Date:** 11/12/2024

**Your Name:** Adam Vaughan

**Manuscript Title:** **In2Air: the impact of ‘net-zero’ household energy intervention on indoor air quality, occupant self-reported general health and wellbeing, and household energy use. (as submitted)**

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
		Member of RIBA (Royal Institute of British Architects)]	
		Trustmark accredited Retrofit Coordinator	Engaged to support the retrofit scheme.
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

