ICMJE DISCLOSURE FORM

Date: 1/2/2024

Your Name: Jennifer Bell

Manuscript Title: Rapid diagnostic tests to inform clinical decision-making for antifungal stewardship in the ICU: a qualitative study with NHS staff, patients, and their legal representatives

Manuscript Number (if known): 15/116/03

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)**
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**	
		NIHR HTA	The qualitative study, was a part of the A-STOP study funded by National Institute for Health and Care Research (NIHR) Health and Social Care (NIHR) Health Technology Assessment (HTA) Programme, 15/116/03.
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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: 12/11/2023

Your Name: Mary Guiney

Manuscript Title: Rapid diagnostic tests to inform clinical decision-making for antifungal stewardship in the ICU: a qualitative study with NHS staff, patients, and their legal representatives

Manuscript Number (if known): 15/116/03

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			Click the tab key to add additional rows.
Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/17/2024

Your Name: William Jones

Manuscript Title: Rapid diagnostic tests to inform clinical decision-making for antifungal stewardship in the ICU: a qualitative study with NHS staff, patients, and their legal representatives

Manuscript Number (if known): 15/116/03

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 12/1/2023

Your Name: John Simpson

Manuscript Title: Rapid diagnostic tests to inform clinical decision-making for antifungal stewardship in the ICU: a qualitative study with NHS staff, patients, and their legal representatives

Manuscript Number (if known): 15/116/03

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Time frame: past 36 months			
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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**	
		AJS is chief investigator on independent grants on which Clinigen, Partner Therapeutics and Aerogen are co-applicants. AJS is director of the NIHR Newcastle In Vitro Diagnostics Co-operative, which was set up to work with a broad range of in vitro diagnostics companies.	

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ICMJE DISCLOSURE FORM

Date: 11/24/2023

Your Name: Jana Suklan

Manuscript Title: Rapid diagnostic tests to inform clinical decision-making for antifungal stewardship in the ICU: a qualitative study with NHS staff, patients, and their legal representatives

Manuscript Number (if known): 15/116/03

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		NIHR HTA	The qualitative study, was a part of the A-STOP study funded by National Institute for Health and Care Research (NIHR) Health and Social Care (NIHR) Health Technology Assessment (HTA) Programme, 15/116/03.
		NIHR Newcastle MIC	Jana Suklan receive(s) funding from the NIHR Newcastle In Vitro Diagnostics Co-operative (MIC).
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 11/24/2023

Your Name: Ronan McMullan

Manuscript Title: Rapid diagnostic tests to inform clinical decision-making for antifungal stewardship in the ICU: a qualitative study with NHS staff, patients, and their legal representatives

Manuscript Number (if known): 15/116/03

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		NIHR HTA Programme	The qualitative study, was a part of the A-STOP study funded by National Institute for Health and Care Research (NIHR) Health and Social Care (NIHR) Health Technology Assessment (HTA) Programme, 15/116/03.
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		NIHR HTA and EME Programmes	NIHR152733, NIHR134101, HTA 15/116/03, HTA 13/140/05, HTA 17/36, NIHR 128374
		Wellcome Trust	
		Medical Research Council	
		Invest Northern Ireland	
		NI Chest Heart and Stroke Association	
3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 11/24/2023

Your Name: Chikomborero Cynthia Mutepfa

Manuscript Title: **Rapid diagnostic tests to inform clinical decision-making for antifungal stewardship in the ICU: a qualitative study with NHS staff, patients, and their legal representatives**

Manuscript Number (if known): 15/116/03

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		NIHR Newcastle In Vitro Diagnostics Co-operative	Chikomborero Cynthia Mutepfa receive(s) funding from the NIHR Newcastle In Vitro Diagnostics Co-operative.
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board,	☒ **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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