

ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Helen Mossop

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

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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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: 2/14/2024

Your Name: Sarah Al-Ashmori

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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

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ICMJE DISCLOSURE FORM

Date: 2/5/2024

Your Name: Tumi Sotire

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/31/2021

Your Name: Dr Emma Clark

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 2/15/2024

Your Name: Gillian Watson

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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

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Time frame: past 36 months								
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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: 3/4/2024

Your Name: Miles Witham

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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	society, committee or advocacy group, paid or unpaid	Vice President for research, British Geriatrics Society	
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 type="checkbox"/> None	
		Member of the NIHR Health Technology Assessment Prioritisation Committee A (out of hospital)	

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: 2/1/2024

Your Name: Luke Vale

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Naomi McGregor

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Julia Phillipson

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter 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: 1/31/2024

Your Name: James Wason

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

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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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 type="checkbox"/> None	
		NIHR funding for Research Professorship (NIHR301614)	Funding for my research team

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: 2/2/2024

Your Name: Alison Yarnall

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		<ul style="list-style-type: none"> • Electrocore provided devices free of charge for AdVaNSING-PD study 	
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: 6/2/2024

Your Name: Professor Helen C Hancock

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 2/12/2024

Your Name: Professor Rose Anne Kenny

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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: 2/2/2024

Your Name: James Frith

Manuscript Title: Control, Fludrocortisone or Midodrine for the treatment of Orthostatic Hypotension (CONFORM-OH): A Randomised Controlled Trial

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.

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