

ICMJE DISCLOSURE FORM

Date: 1/31/2025

Your Name: Benjamin Saunders

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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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ICMJE DISCLOSURE FORM

Date: 2/7/2025

Your Name: Cyrus Cooper

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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ICMJE DISCLOSURE FORM

Date: 2/2/2025

Your Name: Carolyn Chew-Graham

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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Date: 2/3/2025

Your Name: Gail Sowden

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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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: 2/2/2025

Your Name: Gwenllian Wynne-Jones

Manuscript Title: The Work And Vocational advice (WAVE) randomised controlled trial: intervention development, feasibility study and discontinued trial with exploratory analysis (Clinical Trials: NCT 04543097)

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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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: 1/30/2025

Your Name: Ira Madan

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) 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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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: 1/31/2025

Your Name: Julia Hammond

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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ICMJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: John Pemberton

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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: 2/3/2025

Your Name: Kieran Bromley

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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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ICMJE DISCLOSURE FORM

Date: 31/01/25

Your Name: Karen Walker-Bone

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The WorkAnd Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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ICMJE DISCLOSURE FORM

Date: 1/30/2025

Your Name: Martyn Lewis

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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ICMJE DISCLOSURE FORM

Date: 1/31/2025

Your Name: Sue Jowett

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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: 1/31/2025

Your Name: Sarah A Lawton

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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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ICMJE DISCLOSURE FORM

Date: 3/4/2025

Your Name: Simon Wathall

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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ICMJE DISCLOSURE FORM

Date: 1/30/2025

Your Name: Vaughan Parsons

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advicE (WAVE) trial

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

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ICMJE DISCLOSURE FORM

Date: 1/31/2025

Your Name: Gemma Mansell

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The WorkAnd Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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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ICMJE DISCLOSURE FORM

Date: 1/30/2025

Your Name: Kendra Cooke

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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ICMJE DISCLOSURE FORM

Date: 1/31/2025

Your Name: Nadine Elizabeth Foster

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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ICMJE DISCLOSURE FORM

Date: 1/30/2025

Your Name: Rosie Harrison

Manuscript Title: Exploratory findings and lessons learned from a discontinued randomised controlled trial testing the addition of early vocational advice to usual primary care: The Work And Vocational advice (WAVE) trial (Clinical Trials: NCT04543097)

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

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <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>									

		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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							

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.