

ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Gargi Naha

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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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Your Name: Fadi Baghdadi

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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Date: 2/3/2025

Your Name: Alan Watkins

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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| | | Member, NIHR College of Experts | 2020-2021 |
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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: Alison Porter

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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: 3/3/2025

Your Name: Ann John

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Dr Bridie Evans

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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ICMJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: Jenna Jones

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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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: 3/3/2025

Your Name: Julia Williams

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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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ICMJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: Aloysius Niroshan Siriwardena

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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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| 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%;"></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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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: 3/3/2025

Your Name: Ronan A Lyons

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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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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: Sophie Harwood

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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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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: Steve Goodacre

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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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| | | <input checked="" type="checkbox"/> Committee A Methods Group 27/11/2018 - 01/09/2020; HTA Funding Committee Policy Group (formerly CSG) 15/12/2009 - 31/12/2020; HTA Clinical Evaluation and Trials Committee 15/12/2009 - 31/03/2019; HTA Commissioning Committee 03/12/2018 - 30/11/2020; HTA Programme Oversight Committee 15/12/2009 31/12/2023. | |

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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: 3/3/2025

Your Name: Professor Helen Snooks

Manuscript Title: Ethnic differences in injury mortality rates among adult emergency healthcare service users in high-income countries – A Scoping Review

Manuscript Number (if known): NA

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Date: 3/3/2025

Your Name: Ashrafunnesa Khanom

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