

## ICMJE DISCLOSURE FORM

Date: 20/05/2022

Your Name: Cherith Semple

Manuscript Title: Triangulation of qualitative data from patients and healthcare professionals to inform the development of an online resource for patients with oral cancer

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	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>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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 summarize the above conflict of interest in the following box:**

**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. **X**

## ICMJE DISCLOSURE FORM

Date: 12/05/2022

Your Name: Rosemary Kelly

Manuscript Title: Triangulation of qualitative data from patients and healthcare professionals to inform the development of an online resource for patients with oral cancer

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 18/05/2022

Your Name: Ruth Thompson

Manuscript Title: Triangulation of qualitative data from patients and healthcare professionals to inform the development of an online resource for patients with oral cancer

Manuscript number (if known): \_\_\_\_\_

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Your Name: PERSIA

Journal Title: Journal of the American Medical Association

Journal Volume: 319

Journal Issue: 10

Journal Date: October 2018

Journal ISSN: 0003-6819

Journal EISSN: 2374-3758

Journal DOI: 10.1001/jama.2018.17111

Journal URL: https://doi.org/10.1001/jama.2018.17111

Journal Article Title: [Faint text]

Journal Article Author: [Faint text]

Journal Article Journal: [Faint text]

Journal Article Year: [Faint text]

Journal Article Volume: [Faint text]

Journal Article Issue: [Faint text]

Journal Article Date: [Faint text]

Journal Article ISSN: [Faint text]

Journal Article EISSN: [Faint text]

Journal Article DOI: [Faint text]

Journal Article URL: [Faint text]

Journal Article Abstract: [Faint text]

Journal Article Keywords: [Faint text]

Journal Article Subject: [Faint text]

Journal Article Category: [Faint text]

Journal Article Type: [Faint text]

Journal Article Language: [Faint text]

Journal Article Country: [Faint text]

Journal Article City: [Faint text]

Journal Article State: [Faint text]

Journal Article Zip: [Faint text]

Journal Article Country Code: [Faint text]

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Journal Article State Code: [Faint text]

Journal Article Zip Code: [Faint text]

Journal Article City Code: [Faint text]

Journal Article State Code: [Faint text]

## ICMJE DISCLOSURE FORM

Date: 18/05/2022

Your Name: PETER GORDON

Manuscript Title: Triangulation of qualitative data from patients and healthcare professionals to inform the development of an online resource for patients with oral cancer

Manuscript number (if known): \_\_\_\_\_

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