

Data Sharing Statement

| | | |
|---------------------|---|--|
| Article Info | http://dx.doi.org/10.21037/jhmhp-20-98 | |
| Item | Question | Authors' Response (place "-" if not applicable) |
| 1 | Would you like to share data collected for your study to others? | No |
| 2 | If not, would you like to share the reason for your decision? | We do not have permission under our ethics approval to share this data with any third parties. There is also a significant risk of identification due to the small sample and single service location. |
| 3 | What data in particular will be shared? | N/A |
| 4 | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | We would be willing to share the informed consent form and protocol for this study. |
| 5 | When will data availability begin? | Upon publication. |
| 6 | When will data availability end? | No end dates. |
| 7 | To whom will you share the data? | Any person who makes a reasonable request. |
| 8 | For what type of analysis or purpose? | For auditing and review. Secondary analysis cannot be undertaken without the express permission of the approving ethics committee. |
| 9 | How or where can the data/documents be obtained? | By email to the Principal Investigator. |
| 10 | Any other restrictions? | Not applicable. |