

Fleur Chandler

Discloser Identifier: 143193765
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Duchenne UK	Other	
Category: Other		
Fleur Chandler Consulting Ltd	Consultant	Current Employment
Category: Consultant		
GlaxoSmithKline	Stock	
Sanofi	Stock	
Sanofi	Stock Option	

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Other Professional Activities - Other Duchenne UK

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. Other Professional Activities - Consultant Fleur Chandler Consulting Ltd

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

c. Stock GlaxoSmithKline

Neither

d. Stock Sanofi

Neither

e. Stock Option Sanofi

Neither
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Employment”)

Yes, as disclosed above

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Grant/Contract”)

No, I have no relevant interests of this type

- c. **Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

- d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")**

Yes, as disclosed above

- e. **Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

- f. **Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

- g. **Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

- h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

- i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")**

No, I have no relevant interests of this type

- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

- k. **Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

Yes, as disclosed above

- l. **Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

No, I have no relevant interests of this type

4. **Was any individual paid to provide professional writing assistance with this manuscript?**

No.

5. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

6. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

7. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.



Discloser Identifier: 64180580
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
EuroQol Research Foundation	Grant / Contract	Yes
University of Melbourne	Employment	<div>Current Employment</div> Yes
Title:		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment University of Melbourne

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

b. Grant / Contract EuroQol Research Foundation

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")

Yes, as disclosed above

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")

Yes, as disclosed above

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

- g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

- h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

- i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")**

No, I have no relevant interests of this type

- j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

- k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

- l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

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No.

Certification

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Discloser Identifier: 55021894
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
EuroQol Research Foundation	Other	Yes
Category: Other		
University of Melbourne	Employment	Current Employment Yes
Title: Professor of Health Economics		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Other Professional Activities - Other EuroQol Research Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. Employment University of Melbourne

Neither
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Employment”)

Yes, as disclosed above

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Grant/Contract”)

Yes, as disclosed above

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

Yes, as disclosed above

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor,” and choose “Other”)

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")

Yes, as disclosed above

k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")

Yes, as disclosed above

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 74140598
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Pfizer	Employment	Current Employment Yes
Title: Senior Director, HTA, Value & Evidence Strategy (HV&E) Team Lead		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Pfizer

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Employment”)

Yes, as disclosed above

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Grant/Contract”)

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor,” and choose “Other”)

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

Yes, as disclosed above

l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")

No, I have no relevant interests of this type

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 55028820
Disclosure Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing
Purpose: Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Thermo Fisher Scientific	Employment	Current Employment
Title: Senior Research Leader		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Thermo Fisher Scientific

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Employment”)

Yes, as disclosed above

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Grant/Contract”)

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor,” and choose “Other”)

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")

No, I have no relevant interests of this type

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 103381448
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Medical School, University of Michigan	Employment	Current Employment
Title: Professor		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Medical School, University of Michigan

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")

No, I have no relevant interests of this type

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

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No.

Certification

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Discloser Identifier: 55031992
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
EuroQol Research Foundation	Grant / Contract	Yes
National Institute for Health Research	Grant / Contract	
University Of Oxford	Employment	<div>Current Employment</div> Yes
Title: Senior Health Economist		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment University Of Oxford

Neither

b. Grant / Contract EuroQol Research Foundation

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

c. Grant / Contract National Institute for Health Research

Neither
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
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b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

- f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

- g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

- h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

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No, I have no relevant interests of this type

- j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

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No.

Certification

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Discloser Identifier: 55032238

Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
EuroQol Research Foundation	Other	
Category: Other		
EuroQol Research Foundation	Travel	Yes
Horizon 2020 Framework Programme	Grant / Contract	
Innovative Medicines Initiative 2 Joint Undertaking	Grant / Contract	
Innovative Medicines Initiative 2 Joint Undertaking	Grant / Contract	
University of Sheffield	Employment	Current Employment
Title: Professor of Helath Economics		

Intellectual Property

Type	Is Licensed	Relevant to this Disclosure
Other Intellectual Property - Receive developer royalties for SF-6Dv2, via my e	-	
Description: Receive developer royalties for SF-6Dv2, via my employer University of Sheffield, who own copyright		
Type: Royalties		

Additional Questions

1. Please select which of the following apply to each relationship or activity:
- a. Other Professional Activities - Other EuroQol Research Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
- b. Employment University of Sheffield

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
- c. Grant / Contract Horizon 2020 Framework Programme

Neither
- d. Grant / Contract Innovative Medicines Initiative 2 Joint Undertaking

Neither
- e. Grant / Contract Innovative Medicines Initiative 2 Joint Undertaking

Neither
- f. Travel EuroQol Research Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

g. **Other Intellectual Property** Receive developer royalties for SF-6Dv2, via my employer University of Sheffield, who own copyright

Neither

2. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

3. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

a. **Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")**

Yes, as disclosed above

b. **Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")**

Yes, as disclosed above

c. **Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")**

No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

Yes, as disclosed above

4. **Was any individual paid to provide professional writing assistance with this manuscript?**

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.



Discloser Identifier: 143193985
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Haute Autorité de Santé (French National Authority for Health)	Employment	Current Employment
Title: Scientific Referent in Health Economic Evaluation		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Haute Autorité de Santé (French National Authority for Health)

Neither
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Employment”)

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Grant/Contract”)

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor,” and choose “Other”)

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")

No, I have no relevant interests of this type

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 101665809
Disclosure Purpose: Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
EuroQol Research Foundation	Other	Yes
Category: Other		
National Institute for Health and Care Excellence	Employment	<div>Current Employment</div> Yes
Title: Associate director		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Other Professional Activities - Other EuroQol Research Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. Employment National Institute for Health and Care Excellence

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.
- Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Employment”)

Yes, as disclosed above

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Grant/Contract”)

Yes, as disclosed above

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor,” and choose “Other”)

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")

Yes, as disclosed above

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 60810311
Disclosure Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing
Purpose: Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
EuroQol Research Foundation	Employment <div>Current Employment</div>	Yes
Title: Scientific director		
EuroQol Research Foundation	Grant / Contract	
EuroQol Research Foundation	Other <div>Current Employment</div>	
Category: Other		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Other Professional Activities - Other EuroQol Research Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. Employment EuroQol Research Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

c. Grant / Contract EuroQol Research Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Employment”)

Yes, as disclosed above

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Grant/Contract”)

Yes, as disclosed above

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select “Independent Contractor”)

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")**

No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

No, I have no relevant interests of this type

4. **Was any individual paid to provide professional writing assistance with this manuscript?**

No.

5. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

6. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

7. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 143194389

Disclosure Valuing Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force - Valuing

Purpose: Child and Adolescent Health States for Use in Economic Evaluation: A Good Practices Report of an ISPOR Task Force

Employment Information: Currently Retired/Unemployed

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

- k. **Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

- l. **Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

No, I have no relevant interests of this type

4. **Was any individual paid to provide professional writing assistance with this manuscript?**

No.

5. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

6. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

7. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

