

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ashley	2. Surname (Last Name) Clift	3. Date 04-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julia Hippisley-Cox
5. Manuscript Title COVID-19 mortality risk in Down syndrome: results from a cohort study of 8 million individuals		
6. Manuscript Identifying Number (if you know it) M20-4986		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Previous consulting fees from Huma, which were prior to this project starting, and wholly outside it's scope

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Dr. Clift reports and Previous consulting fees from Huma, which were prior to this project starting, and wholly outside it's scope.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Carol

2. Surname (Last Name)
Coupland

3. Date
04-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Julia Hippisley-Cox

5. Manuscript Title
COVID-19 mortality risk in Down syndrome: results from a cohort study of 8 million individuals

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ClinRisk Ltd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the past 36 months I have been a paid consultant statistician for ClinRisk.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Coupland reports personal fees from ClinRisk Ltd, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Julia

2. Surname (Last Name)
Hippisley-Cox

3. Date

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Julia Hippisley-Cox

5. Manuscript Title
COVID-19 mortality risk in Down syndrome: results from a cohort study of 8 million individuals

6. Manuscript Identifying Number (if you know it)
M20-4986

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
John Fell Oxford University Press Research Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	infrastructure funding for QResearch
Cancer Research UK (CR-UK) grant number C5255/A18085, through the Cancer Research UK Oxford Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	infrastructure funding for QResearch
the Oxford Wellcome Institutional Strategic Support Fund (204826/Z/16/Z)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	infrastructure funding for QResearch
National Institute for Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funds to support this study

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ClinRisk Ltd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	until 2019, JHC was medical director for ClinRisk Ltd, has previously undertaken consulting work with ClinRisk Ltd and holds share in the company outside the submitted work

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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JHC is an unpaid director of QResearch, a not-for-profit organisation which is a partnership between the University of Oxford and EMIS Health who supply the QResearch database used for this work.

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Dr. Hippisley-Cox reports grants from John Fell Oxford University Press Research Fund, grants from Cancer Research UK (CR-UK) grant number C5255/A18085, through the Cancer Research UK Oxford Centre, grants from the Oxford Wellcome Institutional Strategic Support Fund (204826/Z/16/Z), grants from National Institute for Health, during the conduct of the study; personal fees and other from ClinRisk Ltd, outside the submitted work; and JHC is an unpaid director of QResearch, a not-for-profit organisation which is a partnership between the University of Oxford and EMIS Health who supply the QResearch database used for this work..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ruth	2. Surname (Last Name) Keogh	3. Date 07-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashley Clift
5. Manuscript Title COVID-19 mortality risk in Down syndrome: results from a cohort study of 8 million adults		
6. Manuscript Identifying Number (if you know it) M20-4986		

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Dr. Keogh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Harry	2. Surname (Last Name) Hemingway	3. Date 04-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julia Hippisley-Cox
5. Manuscript Title COVID-19 mortality risk in Down syndrome: results from a cohort study of 8 million individuals		
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