**ICMJE DISCLOSURE FORM**

**Date: 27/02/21**

**Your Name: Koravangattu Valsraj**

**Manuscript Title: Bed Management in Psychiatry – Ensuring that the patient perspective is not forgotten**

**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.**

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|  |  | **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)** |
| **Time frame: Since the initial planning of the work** |
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| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |  |
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| 3 | Royalties or licenses  | None |  |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |  |
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| 6 | Payment for expert testimony | None |  |
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| 8 | Patents planned, issued or pending | None |  |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board  | None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |  |
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| 11 | Stock or stock options | None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |  |
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**Please place an “X” next to the following statement to indicate your agreement:**

**X I certify that I have answered every question and have not altered the wording of any of the questions on this**

 **form.**