

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.

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

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Section 1. Identifying Information

1. Given Name (First Name)

Sola

2. Surname (Last Name)

Kim

3. Date

01-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ali Haider

5. Manuscript Title

Case Report of Management Challenges at End-of-Life in a Patient with Agitated Delirium and Benzodiazepine Withdrawal at Comprehensive Cancer Care Center

6. Manuscript Identifying Number (if you know it)

APM-20-495-R1

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Are there any relevant conflicts of interest? Yes No

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Dr. Kim has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ali

2. Surname (Last Name)

Haider

3. Date

01-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Case Report of Management Challenges at End-of-Life in a Patient with Agitated Delirium and Benzodiazepine Withdrawal at Comprehensive Cancer Care Center

6. Manuscript Identifying Number (if you know it)

APM-20-495-R1

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Section 1. Identifying Information

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
| 1. Given Name (First Name) Akhila | 2. Surname (Last Name) Reddy | 3. Date 01-September-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ali Haider |
| 5. Manuscript Title Case Report of Management Challenges at End-of-Life in a Patient with Agitated Delirium and Benzodiazepine Withdrawal at Comprehensive Cancer Care Center | | |
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| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
| 1. Given Name (First Name) Eduardo | 2. Surname (Last Name) Bruera | 3. Date 01-September-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ali Haider |
| 5. Manuscript Title Case Report of Management Challenges at End-of-Life in a Patient with Agitated Delirium and Benzodiazepine Withdrawal at Comprehensive Cancer Care Center | | |
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