Date: <u>2022-0</u>	6-12	
Your Name:	Marc Chammas	
Manuscript Title:	Learning about psychiatric issues of Medical Assistance in Dying: a pilot survey of self-percei	ived
educational need	ls among assessors in a Canadian academic hospital	
Manuscript num	ber (if known): APM-22-422	

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 <u>current</u> <u>manuscript only</u>.

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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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

6-12
Jacynthe Rivest
: Learning about psychiatric issues of Medical Assistance in Dying: a pilot survey of self-perceived
ds among assessors in a Canadian academic hospital
ber (if known): APM-22-422

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2022-06-12

 Your Name:
 Samuel Blouin

 Manuscript Title:
 Learning about psychiatric issues of Medical Assistance in Dying: a pilot survey of self-perceived educational needs among assessors in a Canadian academic hospital

 Manuscript number (if known): APM-22-422______

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>20</u>	022-06-12
Your Name:	Mona Gupta
Manuscript	Title: Learning about psychiatric issues of Medical Assistance in Dying: a pilot survey of self-perceived
educational	needs among assessors in a Canadian academic hospital
Manuscript	number (if known): APM-22-422

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2022-06-12

 Your Name:
 Véronique Desbeaumes Jodoin

 Manuscript Title:
 Learning about psychiatric issues of Medical Assistance in Dying: a pilot survey of self-perceived educational needs among assessors in a Canadian academic hospital

 Manuscript number (if known):
 APM-22-422______

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>20</u>	22-06-12
Your Name:	Suzanne Leclair
Manuscript [·]	Title: <u>Learning about psychiatric issues of Medical Assistance in Dying: a pilot survey of self-perceived</u>
educational	needs among assessors in a Canadian academic hospital
Manuscript	number (if known): APM-22-422

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