

ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Jorge Eduardo Espinel

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

Manuscript number (if known): ID: APM-22-519

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.

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Time frame: past 36 months			
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4	Consulting fees	__X__ None	

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Please summarize the above conflict of interest in the following box:

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

ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Norma Colautti

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

Manuscript number (if known): ID: APM-22-519

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ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Maria Margarita Reyes Donoso

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Jose Mario Lopez Saca

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Miriam Elisa Riveros

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Umberto Mazzoti

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Ismariel I Espin Gonzales

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Monica Mas

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Myriam Rios

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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Date: June 29, 2022

Your Name: Laura Ramos

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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Date: June 29, 2022

Your Name: Marco Antonio Rodriguez

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

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

ICMJE DISCLOSURE FORM

Date: June 29, 2022

Your Name: Patricia Bonilla

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

Manuscript number (if known): ID: APM-22-519

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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).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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Date: June 29, 2022

Your Name: Marvin Omar Delgado Guay

Manuscript Title: Competencies for Quality Spiritual Care in Palliative Care in Latin America: From the Spirituality Commission of the Latin American Association for Palliative Care

Manuscript number (if known): ID: APM-22-519

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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.	M.O.D.G. is supported in part by the National Institutes of Health (R01 CA200867).	This study did not have any funding.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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