

ICMJE DISCLOSURE FORM

Date: July 26th, 2022

Your Name: Rima Saad

Manuscript Title: Pediatric Palliative Care through the Eyes of Healthcare Professionals, Parents and Communities: A Narrative Review

Manuscript number (if known): APM-22-525

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.

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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.

		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).	__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	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	
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Please summarize the above conflict of interest in the following box:

I have no conflicts of interest for this article.

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: July 26, 2022
 Your Name: Dr. Huda Abu-Saad Huijjer
 Manuscript Title: Pediatric Palliative Care through the Eyes of Healthcare Professionals, Parents and Communities: A Narrative Review
 Manuscript number (if known): APM-22-525

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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: July 25, 2022

Your Name: Samar Nouredine

Manuscript Title: Pediatric Palliative Care through the Eyes of Healthcare Professionals, Parents and Communities: A Narrative Review

Manuscript number (if known): APM-22-525

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I have no conflicts of interest pertaining to this manuscript.

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ICMJE DISCLOSURE FORM

Date: July 24-2022

Your Name: Silva Dakessian Sallian

Manuscript Title: Pediatric Palliative Care through the Eyes of Healthcare Professionals, Parents and Communities: A Narrative Review

Manuscript number (if known): APM-22-525

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I have no conflicts of interest in any of the aspects mentioned above.

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