ICMJE DISCLOSURE FORM

Date:Sept. 28 th 2022	
Your Name:Yakubu Salifu	
Manuscript Title:Transfer and transiti	oning in Palliative Care_
Manuscript number (if known):	APM-22-1057(E-APM-22-
146)	

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4	Consulting fees	None	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	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:		
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

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Da	stor Sont 20th 2022			
	Date:Sept. 28 th 2022 Your Name:Jonathan Bayuo			
	anuscript Title:Transfer and transitioning in Palliative Care_			
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tha	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are			
rel thi	ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd			
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	the epidemiology of hypertension, you should declare all relationships with manufacturers of tihypertensive medication, even if that medication is not mentioned in the manuscript.			
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item.

No time limit for this

Grants or contracts from

__X_None

X_None

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_X_None	
E	Doument or henerorie for	V. None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data Safety Monitoring Board	XNone	
10	or Advisory Board Leadership or fiduciary	_X_None	
	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	XNone	
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