

ICMJE DISCLOSURE FORM

Date: 11/21/2022

Your Name: Hannah Scott

Manuscript Title: Knowledge, Attitudes and Beliefs About Paediatric Palliative Care

Manuscript Number (if known): Click or tap here to enter text.

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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Date: 11/21/2022

Your Name: Lucy Coombes

Manuscript Title: Knowledge, Attitudes and Beliefs About Paediatric Palliative Care

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Date: 11/21/2022

Your Name: Debbie Braybrook

Manuscript Title: Knowledge, Attitudes and Beliefs About Paediatric Palliative Care

Manuscript Number (if known): Click or tap here to enter text.

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Your Name: Daney Harðardóttir

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Date: 11/21/2022

Your Name: Inez Gaczowska

Manuscript Title: Knowledge, Attitudes and Beliefs About Paediatric Palliative Care

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ICMJE DISCLOSURE FORM

Date: 11/21/2022

Your Name: Richard Harding

Manuscript Title: Knowledge, Attitudes and Beliefs About Paediatric Palliative Care

Manuscript Number (if known): Click or tap here to enter text.

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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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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															
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.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">The European Research Council's Horizon 2020 programme [Grant ID: 772635]</td> <td style="width: 50%; padding: 2px;">Project is funded by European Council's Horizon 2020 programme which was awarded to King's College London. I am principal investigator.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">Click the tab key to add additional rows.</td> </tr> </table>		The European Research Council's Horizon 2020 programme [Grant ID: 772635]	Project is funded by European Council's Horizon 2020 programme which was awarded to King's College London. I am principal investigator.			Click the tab key to add additional rows.							
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10	Leadership or fiduciary role in	<input type="checkbox"/> None									

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