

ICMJE DISCLOSURE FORM

Date: 12/20
 Your Name: Trista Day Reid
 Manuscript Title: Surgical Palliative Care: Filling the Gaps
 Manuscript number (if known): APM-22-1339

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.

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Time frame: past 36 months			
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3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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	
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Please summarize the above conflict of interest in the following box:

No conflicts of interest

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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Date: 12/15
 Your Name: Kyle Nicholes Lavin
 Manuscript Title: Surgical Palliative Care: Filling the Gaps
 Manuscript number (if known): _____

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