Date: Oct. 19/22

Your Name: Wendy Kingsburgh

Manuscript Title: Improving timely transfers to a local palliative care unit for patients at the end of life.

Manuscript number (if known):

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	X None	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	X None  X None	36 months
4	Consulting fees	X None	

5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
_	educational events	
6	Payment for expert	X None
	testimony	
_	2	
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	X None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	X None
	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-	X None
	financial interests	
		·

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.

Date:	10	/19	/2022
Date.	TO	, 13	, 2022

Your Name: Ashley Skinner

Manuscript Title: "Improving Timely Transfers to a Local Palliative Care Unit for Patients at the End of Life"

Manuscript number (if known):\_\_\_\_\_\_

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and, or traver		
8	Patents planned, issued or	None	
	pending	None	
	penam <sub>8</sub>		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone		

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

Date: October 30 2022	
Your Name: Sonia Dyal	
Manuscript Title:	
Manuscript number (if known):	

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and, or traver		
8	Patents planned, issued or	None	
	pending	None	
	penam <sub>8</sub>		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone		

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

Date: OCT 10	$\partial \mathcal{A}$
Your Name:(	Sandra Delosta.
Manuscript Title:	Improving Timely transfers to a Local Pallistre Care
Manuscript number (if know	: Unit for Patients of The End of
	Life.

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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		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 initi	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None
Payment for expert testimony	None
Support for attending meetings and/or travel	None
Patents planned, issued or pending	None
Participation on a Data Safety Monitoring Board or	None
Leadership or fiduciary role in other board, society, committee or advocacy	None
Stock or stock options	None
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
Other financial or non- financial interests	None
ease summarize the above co	offlict of interest in the following box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests

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

Date:	<b>January</b>	18, 2023
Your Nam	ne:	Kalli Stilos
Manuscri	pt Title:	Improving Timely Transfers from Acute Care to the local Palliative Care Unit for Patients at the End of
		<u>Life</u>
Manuscri	pt numb	per (if known):

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: Since the initia	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.	XNone	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

				_
5	Payment or honoraria for	X None		
3	lectures, presentations,			
	speakers bureaus,			_
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
′	meetings and/or travel	None		
	,			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board	V. Nene		
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
N	lone.			

None.

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

at the End of

Date: October 20" 2022
Your Name: Lise Huynh
Manuscript Title: Improving Timely Transfers from Acute Care to the local Palliative Care Unit for Patients
Life

Manuscript number (if known):\_\_\_\_\_

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
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
40			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the	following box:
- 1			

N/A			

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