

ICMJE DISCLOSURE FORM

Date: 8.10.2023

Your Name: Alison Cress

Manuscript Title: Psychiatry and the interdisciplinary pediatric palliative care team: A scoping review

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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None.

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