

ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Hideki Kojima

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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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		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.	This research was supported by Research Funding for Longevity Sciences from the National Center for Geriatrics and Gerontology (22-28).	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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Please summarize the above conflict of interest in the following box:

This research was supported by Research Funding for Longevity Sciences from the National Center for Geriatrics and Gerontology (22-28).

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Naomi Doi

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Sanae Takanashi

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Kaori Kinoshita

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Rieko Inokuchi

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

Manuscript number (if known): _____

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Date: February 13, 2024

Your Name: Hidekazu Kato

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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Date: February 13, 2024

Your Name: Hiroki Mase

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Tomoyasu Kinoshita

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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Date: February 13, 2024

Your Name: Atsuko Ito

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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Date: February 13, 2024

Your Name: Yumiko Iizuka

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

Manuscript number (if known): _____

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Date: February 13, 2024

Your Name: Ayano Ishikawa

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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

ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Tatsuya Morita

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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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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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None

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ICMJE DISCLOSURE FORM

Date: February 13, 2024

Your Name: Mitsunori Nishikawa

Manuscript Title: The needs of hospital-based specialized palliative care teams for patients with noncancer diseases in Japan

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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