

ICMJE DISCLOSURE FORM

Date: 5/15/24

Your Name: Taeyoung Park

Manuscript Title: Understanding the home hospice experience of Puerto Rican caregivers

Manuscript number (if known): APM-24-24

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 current manuscript only.

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.	<input checked="" type="checkbox"/> None	
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	
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:

There is no conflict of interest.

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: 5/15/24
Your Name: Veerawat Phongtankuel
Manuscript Title: Understanding the home hospice experience of Puerto Rican caregivers
Manuscript number (if known): APM-24-24

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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	
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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:

Veerawat Phongtankuel received a grant from the National Institute on Aging [K76AG059997] to support this manuscript.

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: 2/7/24
 Your Name: Marcela D. Blinka
 Manuscript Title: Understanding the home hospice experience of Puerto Rican caregivers
 Manuscript number (if known): APM-24-24

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		Johns Hopkins DELTA Award	Intramural funding paid to Division of GIM DOM Johns Hopkins Medicine
		Palliative Medicine Scholar Award	Intramural funding paid to Division of GIM DOM Johns Hopkins Medicine
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Maryland Cigarette Research Fund Grant	Intramural funding paid to Division of GIM DOM Johns Hopkins Medicine
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Marcela Blinka received a subaward from the National Institute on Aging [FE3 K76AG059997] and intramural funding from Johns Hopkins Medicine to support this manuscript, including Johns Hopkins DELTA Award, Palliative Medicine Scholar Award, and Maryland Cigarette Research Fund Grant.

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

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ICMJE DISCLOSURE FORM

Date: 2/7/24

Your Name: Milagros Silva

Manuscript Title: Puerto Rican Caregivers' Symptom Management, Cultural, and Religious Experiences with Hospice Care.

Manuscript number (if known): APM-24-24

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Date: 2/7/24
 Your Name: Dulce M. Cruz-Oliver
 Manuscript Title: Puerto Rican Caregivers' Symptom Management, Cultural, and Religious Experiences with Hospice Care.
 Manuscript number (if known): APM-24-24

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