

## ICMJE DISCLOSURE FORM

Date: April 10, 2024

Your Name: Arisara Saetan

Manuscript Title: PRESCRIBED MEDICATIONS FOR ALLEVIATING SUFFERING SYMPTOMS IN PATIENTS RECEIVING PALLIATIVE CARE AT A TERTIARY CARE HOSPITAL

Manuscript number (if known): APM-24-52

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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)
<b>Time frame: Since the initial planning of the work</b>			
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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	
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Your Name: Busba Chindavijak

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Date: April 10, 2024

Your Name: Naeti Suksomboon

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