

ICMJE DISCLOSURE FORM

Date: July 23, 2024

Your Name: Sharla Rent

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): APM-24-87

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.	<u>_X_</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>___</u> None	
		National Palliative Care Research Center	Payment to Institution
3	Royalties or licenses	<u>_X_</u> None	
4	Consulting fees	<u>_X_</u> 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 type="checkbox"/> None	
		American Academy of Pediatrics	Payment to me
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:

The author reports the grant from National Palliative Care Research Center and support for attending meeting from American Academy of Pediatrics.

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: July 9, 2024

Your Name: Daniela Titchiner

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 07/09/2024

Your Name: Erin Rholl

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): APM-24-87

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

n/a

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ICMJE DISCLOSURE FORM

Date: July 9, 2024
 Your Name: Allison Lyle, MD, MA
 Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review
 Manuscript number (if known): APM-24-87

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4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

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ICMJE DISCLOSURE FORM

Date: July 9th, 2024

Your Name: Ellen Diego, MD

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): APM-24-87

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4	Consulting fees	<u>__X__</u> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

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ICMJE DISCLOSURE FORM

Date: July 9, 2024

Your Name: Krysten North

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 07-10-2024

Your Name: Sahar Rahiem

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): APM-24-87

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ICMJE DISCLOSURE FORM

Date: July 23, 2024

Your Name: Avery Garmon

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): APM-24-87

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ICMJE DISCLOSURE FORM

Date: 10/7/24
 Your Name: RAZIYA GAFFUR
 Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review
 Manuscript number (if known): APM-24-87

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ICMJE DISCLOSURE FORM

Date: July 16, 2024

Your Name: Aisa Shayo

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): APM-24-87

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ICMJE DISCLOSURE FORM

Date: July 23, 2024

Your Name: Ana Lucia Diez Recinos

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

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

N/A

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: July 9, 2024
 Your Name: Monica Lemmon
 Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review
 Manuscript number (if known): APM-24-87

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.

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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)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	
		BAND foundation	
		Child Neurology Society	
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"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

In the past 36 months, Dr. Lemmon has received grant support from the National Institutes of Health, BAND foundation, and Child Neurology Society.

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.

ICMJE DISCLOSURE FORM

Date: July 10th 2024

Your Name: Sharron Docherty

Manuscript Title: Perinatal Palliative Care in Low- and Middle-Income Countries: A Scoping Review

Manuscript number (if known): APM-24-87

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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NA

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