

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Kwok Ying

2. Surname (Last Name)

Chan

3. Date

10-September-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Impact of structured Advance Care Planning Program on Patients' Wish Items and Healthcare Utilization

6. Manuscript Identifying Number (if you know it)

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Dr. Chan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ho Yan

2. Surname (Last Name)

Chiu

3. Date

10-September-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Kwok Ying Chan

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Desmond YH

2. Surname (Last Name)
YAP

3. Date
10-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Kwok Ying Chan

5. Manuscript Title
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1. Given Name (First Name) Cho Wing	2. Surname (Last Name) Li	3. Date 10-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kwok Ying Chan
5. Manuscript Title Impact of structured Advance Care Planning Program on Patients' Wish Items and Healthcare Utilization		
6. Manuscript Identifying Number (if you know it) 		

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kwok Wai	2. Surname (Last Name) Tsang	3. Date 10-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kwok Ying Chan
5. Manuscript Title Impact of structured Advance Care Planning Program on Patients' Wish Items and Healthcare Utilization		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Tsang has nothing to disclose.

Evaluation and Feedback

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Dr. Tam has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ho Yan

2. Surname (Last Name)

Au

3. Date

10-September-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Kwok Ying Chan

5. Manuscript Title

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Dr. Au has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Chi Yan

2. Surname (Last Name)

Wong

3. Date

10-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kwok Ying Chan

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