

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jing	2. Surname (Last Name) Chang	3. Date 16-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qianmei Sun
5. Manuscript Title The impact of palliative care education and training program on the resident physicians		
6. Manuscript Identifying Number (if you know it) APM-20-1625		

Section 2. The Work Under Consideration for Publication

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Dr. Chang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Zhuoran	2. Surname (Last Name) Qi	3. Date 16-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qianmei Sun
5. Manuscript Title The impact of palliative care education and training program on the resident physicians		
6. Manuscript Identifying Number (if you know it) APM-20-1625		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Qi has nothing to disclose.

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1. Given Name (First Name) Shan	2. Surname (Last Name) Jiang	3. Date 16-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qianmei Sun
5. Manuscript Title The impact of palliative care education and training program on the resident physicians		
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1. Given Name (First Name) Lihong	2. Surname (Last Name) Li	3. Date 16-November-2020
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Section 1. Identifying Information

1. Given Name (First Name)

Qianmei

2. Surname (Last Name)

Sun

3. Date

16-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The impact of palliative care education and training program on the resident physicians

6. Manuscript Identifying Number (if you know it)

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