

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

1. Given Name (First Name) \_\_\_\_\_ Adam

2. Surname (Last Name) \_\_\_\_\_ Houska

3. Date \_\_\_\_\_

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Optimal participation in decision making in advanced chronic disease: perspectives of patients, relatives and physicians

6. Manuscript Identifying Number (if you know it)  
APM-20-2368

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Czech Science Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant No. 17-26722Y

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1. Given Name (First Name) Anna

2. Surname (Last Name) Tučková

3. Date 01-November-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Adam Houska

5. Manuscript Title  
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1. Given Name (First Name)  
Karolína

2. Surname (Last Name)  
Vlčková

3. Date  
01-November-2020

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Corresponding Author's Name  
Adam Houska

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1. Given Name (First Name) Kristýna

2. Surname (Last Name) Poláková

3. Date 01-November-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Adam Houska

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1. Given Name (First Name) Martin      2. Surname (Last Name) Loučka      3. Date 01-November-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Adam Houska

5. Manuscript Title  
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