

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Corinna

2. Surname (Last Name)
Sewtz

3. Date
28-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients

6. Manuscript Identifying Number (if you know it)
APM-20-1346

Section 2. The Work Under Consideration for Publication

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Dr. Sewtz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wiebke	2. Surname (Last Name) Muscheites	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
6. Manuscript Identifying Number (if you know it) APM-20-1346		

Section 2. The Work Under Consideration for Publication

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Dr. Muscheites 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) Christina	2. Surname (Last Name) Grosse-Thie	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
6. Manuscript Identifying Number (if you know it) APM-20-1346		

Section 2. The Work Under Consideration for Publication

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Dr. Grosse-Thie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ursula	2. Surname (Last Name) Kriesen	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sewtz, Corinna
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
6. Manuscript Identifying Number (if you know it) APM-20-1346		

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Dr. Kriesen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Malte	2. Surname (Last Name) Leithäuser	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
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Dr. Leithäuser has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dietrich	2. Surname (Last Name) Gläser	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
6. Manuscript Identifying Number (if you know it) APM-20-1346		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Gläser has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Philipp	2. Surname (Last Name) Hansen	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
6. Manuscript Identifying Number (if you know it) APM-20-1346		

Section 2. The Work Under Consideration for Publication

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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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hansen has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Günther	2. Surname (Last Name) Kundt	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
6. Manuscript Identifying Number (if you know it) APM-20-1346		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kundt 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) Georg	2. Surname (Last Name) Fuellen	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
6. Manuscript Identifying Number (if you know it) APM-20-1346		

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Junghanß	3. Date 14-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna Sewtz
5. Manuscript Title Longitudinal observation of anxiety and depressive symptoms among palliative care cancer patients		
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