

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
ALEX SANDRO

2. Surname (Last Name)
DE AZEREDO SIQUEIRA

3. Date
01-August-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
COVID-19 in Oncology Palliative Care: psychological stress from the perspective of psychodynamics at work

6. Manuscript Identifying Number (if you know it)
APM-21-56

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Dr. DE AZEREDO SIQUEIRA has nothing to disclose.

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1. Given Name (First Name)
ENEAS RANGEL

2. Surname (Last Name)
TEIXEIRA

3. Date
01-August-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
ALEX SANDRO DE AZEREDO SIQUEIRA

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1. Given Name (First Name)
DAIANNY ARRAIS

2. Surname (Last Name)
DE OLIVEIRA DA CUNHA

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01-August-2021

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Corresponding Author's Name
ALEX SANDRO DE AZEREDO SIQUEIRA

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FERNENDA

2. Surname (Last Name)
BARCELLOS SANTIAGO

3. Date
01-August-2021

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ALEX SANDRO DE AZEREDO SIQUEIRA

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ENDI EVELIN

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FERRAZ KIRBY

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

LUCIENE MIGUEL

2. Surname (Last Name)

LIMA NEVES

3. Date

01-August-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

ALEX SANDRO DE AZEREDO SIQUEIRA

5. Manuscript Title

COVID-19 in Oncology Palliative Care: psychological stress from the perspective of psychodynamics at work

6. Manuscript Identifying Number (if you know it)

APM-21-56

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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?

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Dr. LIMA NEVES has nothing to disclose.

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