

ICMJJE DISCLOSURE FORM

Date: April 7th, 2021

Your Name: Mui Teng Chua

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 7th, 2021

Your Name: Win Sen Kuan

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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Time frame: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

No conflict of interest to disclose.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12 April 2021

Your Name: Ling Tiah

Manuscript Title: Validation of "Care of the Dying Evaluation" in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 9 April 2021

Your Name: Ranjeev Kumar Nanta Kumar

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None	
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13	Other financial or non-financial interests	<u>X</u> None	

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None.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12 April 2021

Your Name: Yoko Wong Kin Yoke

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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7	Support for attending meetings and/or travel	<u> X </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
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13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 10 April 2021

Your Name: Jingping Lin

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Apr.17th, 2021

Your Name: Sufang Liang

Manuscript Title: **Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study**

Manuscript number (if known): APM-21-380

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
4	Consulting fees	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 15th April 2021

Your Name: Dr Catriona R Mayland

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yorkshire Cancer Research	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author is funded by a Yorkshire Cancer Research 'CONNECTS' Fellowship.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: Apr 8, 2021

Your Name: Shi Luming

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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ICMJE DISCLOSURE FORM

Date: 8th April 2021

Your Name: Irwani Binte Ibrahim

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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3	Royalties or licenses	__X__ None	
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ICMJE DISCLOSURE FORM

Date: 8 April 2021

Your Name: Rakhee Yash Pal

Manuscript Title: Validation of “Care of the Dying Evaluation” in Emergency Medicine (CODE-EM): Pilot Phase of End-of-life Management Protocol Offered Within Emergency Room (EMPOWER) Study

Manuscript number (if known): APM-21-380

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