

## ICMJE DISCLOSURE FORM

Date: April 16, 2021

Your Name: Jennifer Ouellet, MD

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

Manuscript number (if known): APM-21-117

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.

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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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: April 14, 2021

Your Name: Elizabeth Prsic, MD

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

Manuscript number (if known): APM-21-117

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## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: Rebecca Spear

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

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## ICMJE DISCLOSURE FORM

Date: April 16, 2021

Your Name: Leslie Blatt

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

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## ICMJE DISCLOSURE FORM

Date: April 14, 2021

Your Name: Shannon Kukulka

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

Manuscript number (if known): APM-21-117

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## ICMJE DISCLOSURE FORM

Date: April 15, 2021

Your Name: Rosemary Cronin-Ozyck, RN

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

Manuscript number (if known): APM-21-117

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## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: Jennifer Kapo, MD

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

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## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: James M. Lai, MD

Manuscript Title: Virtual Geriatric Medicine and Palliative Care Consults for Hospitalized Older Adults with COVID-19

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