

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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

Ott 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Katherine		2. Surname (Last Name) Ott	3. Date 30-November-2020	
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title Pediatric Palliati	e ve Care and Surgery			
•	ntifying Number (if you kr 02(APM-20-2370)	now it)		
Section 2.	The Work Under C	onsideration for Publicatior		
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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Section 4.	Intellectual Prope	rty Patents & Copyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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Section 5.				
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Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Ott has nothi	ng to disclose.			

Evaluation and Feedback

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Ott 3



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Vente 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Teresa	rst Name)	2. Surname (Last Name) Vente	3. Date 27-November-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Katherine Ott, MD
5. Manuscript Title Pediatric Palliative Care and Surgery			
•	ntifying Number (if you kr 02(APM-20-2370)	now it)	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Vente 2



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Dr. Vente has no	othing to disclose.			

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Lautz 1



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4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Katherine Ott	
5. Manuscript Title Pediatric Palliative Care and Surgery				
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Royalties: Funds are coming in to you or your institution due to your

1

administrative support, etc.



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1. Given Name (First Name) Elisha		2. Surname (Last Name) Waldman	3. Date 30-November-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Katherine Ott	
5. Manuscript Title Pediatric Palliative Care and Surgery				
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