

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input 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: 2021/6/10

Your Name: Qiuning Xu

Manuscript Title: The experiences and needs of informal caregivers of patients with glioma: a qualitative systematic review protocol

Manuscript number (if known): APM-21-1556

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.

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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)
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ICMJE DISCLOSURE FORM

Date: 2021/6/10

Your Name: Jinfeng Zhu

Manuscript Title: The experiences and needs of informal caregivers of patients with glioma: a qualitative systematic review protocol

Manuscript number (if known): APM-21-1556

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ICMJE DISCLOSURE FORM

Date: 2021/6/10

Your Name: Fang Wang

Manuscript Title: The experiences and needs of informal caregivers of patients with glioma: a qualitative systematic review protocol

Manuscript number (if known): APM-21-1556

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ICMJE DISCLOSURE FORM

Date: 2021/6/10
 Your Name: Lixinbei Sheng
 Manuscript Title: The experiences and needs of informal caregivers of patients with glioma: a qualitative systematic review protocol
 Manuscript number (if known): APM-21-1556

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ICMJE DISCLOSURE FORM

Date: 2021/6/10

Your Name: Cuiling Ji

Manuscript Title: The experiences and needs of informal caregivers of patients with glioma: a qualitative systematic review protocol

Manuscript number (if known): APM-21-1556

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Date: 2021/6/10

Your Name: Lu Chen

Manuscript Title: The experiences and needs of informal caregivers of patients with glioma: a qualitative systematic review protocol

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