

## ICMJE DISCLOSURE FORM

Date: April 6<sup>th</sup> 2022

Your Name: Fien Mertens

Manuscript Title: Patients' experiences of transfers between care settings in palliative care: an interview study

Manuscript number (if known): \_APM-22-146

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

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Date: April 6<sup>th</sup> 2022

Your Name: Maria Sercu

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Date: April 6<sup>th</sup> 2022

Your Name: Aurélie Derycke

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Date: April 6<sup>th</sup> 2022

Your Name: Lien Naert

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Your Name: Luc Deliens

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