

ICMJE DISCLOSURE FORM

Date: September 8, 2021

Your Name: Amber Stephenson

Manuscript Title: Reconceptualizing Family Caregivers as Part of the Health Care Team

Manuscript number (if known): _____

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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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,	<u> X </u> None	

	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	
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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.

Date: September 8, 2021

Your Name: Minakshi Raj

Manuscript Title: Reconceptualizing Family Caregivers as Part of the Health Care Team

Manuscript number (if known): _____

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None.

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

Date: Sep 17th, 2020

Your Name: Samuel Thomas

Manuscript Title: Reconceptualizing Family Caregivers as Part of the Health Care Team

Manuscript number (if known): JHMHP-21-56

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ICMJE DISCLOSURE FORM

Date: September 9, 2021

Your Name: Erin E. Sullivan, Ph.D.

Manuscript Title: Reconceptualizing Family Caregivers as Part of the Health Care Team

Manuscript number (if known): JHMHP-21-56

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ICMJE DISCLOSURE FORM

Date: September 13, 2021

Your Name: Matthew J. DePuccio

Manuscript Title: Reconceptualizing Family Caregivers as Part of the Health Care Team

Manuscript number (if known): JHMHP-21-56

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Date: Sep 8, 2021

Your Name: Bram Fleuren

Manuscript Title: Reconceptualizing Family Caregivers as Part of the Health Care Team

Manuscript number (if known): JHMHP-21-56

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Date: Sept. 21st, 2021

Your Name: Ann McAlearney

Manuscript Title: Reconceptualizing Family Caregivers as Part of the Health Care Team

Manuscript number (if known): JHMHP-21-56

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