	Date:September 8, 2021					
	Your Name: Amber Stephenson					
	uscript Title: Reconcept	ualizing Family Caregivers as	Part of the Health Care Team			
ivian	uscript number (if known):		-			
In th	e interest of transparency, we	ask you to disclose all relati	onships/activities/interests listed below that are			
relat	ed to the content of your man	uscript. "Related" means an	y relation with for-profit or not-for-profit third			
-	=	=	manuscript. Disclosure represents a commitment			
		ssarily indicate a bias. If you	uare in doubt about whether to list a relationship/activity/i	interest, it		
is pr	eferable that you do so.					
The	following questions annly to th	ne author's relationshins/act	tivities/interests as they relate to the <u>current</u>			
	uscript only.	ic dutilor 3 relationships/ det	invites/interests as they relate to the earrent			
	<u> </u>					
			ed broadly. For example, if your manuscript pertains			
		- -	ationships with manufacturers of antihypertensive medicat	tion, even		
if tha	at medication is not mentioned	d in the manuscript.				
In it	om #1 holow roport all suppor	t for the work reported in th	sis manuscript without time limit. For all other items			
	ime frame for disclosure is the	_	nis manuscript without time limit. For all other items,			
	and frame for alsolosare is the	. pust so months.				
				_		
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as				
		needed) Time frame: Since the initia	al planning of the work	-		
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1	All support for the present	XNone				
	manuscript (e.g., funding,					
	provision of study materials,			1		
	medical writing, article processing charges, etc.)					
	No time limit for this item.					
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		Time frame: nac	t 36 months			

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

Payment or honoraria for

lectures, presentations,

X__None

X__None

X__None

X_None

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_ None	
13	Other financial or non- financial interests	XNone	
	se summarize the above confli	ct of interest in the followir	g box:
	se place an "X" next to the foll I certify that I have answered	_	e your agreement: ot 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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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_ None		
	materials, drugs, medical			
	writing, gifts or other services			
	Services			
13	Other financial or non-	XNone		
	financial interests			
Please summarize the above conflict of interest in the following box: None.				
Dian	se place an "X" next to the foll	owing statement to indica-	to your agreement.	
riea	se place an in next to the foll	lowing statement to indica	te your agreement:	
х	X 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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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		- ' (
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).	V N	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
7	Consulting ICCS		
5		XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	X None	
O	testimony	NOTE	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ose summarize the above co	nflict of interest in the fo	llowing box:

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this 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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		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_ None	
13	Other financial or non- financial interests	XNone	
	se summarize the above confli	ct of interest in the following	box:

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

Please place an "X" next to the following statement to indicate your agreement:

Date:	_September 13, 2021
Your Name	:Matthew J. DePuccio
Manuscrip	t Title:Reconceptualizing Family Caregivers as Part of the Health Care Team
Manuscrip	t number (if known):JHMHP-21-56

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_ None	
13	Other financial or non- financial interests	XNone	
	se summarize the above confli	ct of interest in the followir	g box:
	se place an "X" next to the foll I certify that I have answered	_	e your agreement: ot altered the wording of any of the questions on this form.

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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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_ None	
13	Other financial or non- financial interests	XNone	
	se summarize the above confli	ct of interest in the followir	g box:
	se place an "X" next to the foll I certify that I have answered	_	e your agreement: ot altered the wording of any of the questions on this form.

Date:Sept. 21st, 20	21
Your Name:Ann McAl	earney
Manuscript Title: R	econceptualizing Family Caregivers as Part of the Health Care Team
Manuscript number (if kn	own): JHMHP-21-56

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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		
5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			

	manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
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8	Patents planned, issued or	XNone		
	pending			
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9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V None		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_ None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non- financial interests	XNone		
	manda merests			
Please summarize the above conflict of interest in the following box:				
N	None.			
Plea	se place an "X" next to the foll	owing statement to indicate	vour agreement:	
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x_	X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			