

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) J. Brian	2. Surname (Last Name) Cassel	3. Date 15-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katherine Courtright
5. Manuscript Title A research agenda for high-value palliative care		
6. Manuscript Identifying Number (if you know it) M17-2164		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Cassel has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Katherine

2. Surname (Last Name)

Courtright

3. Date

15-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A research agenda for high-value palliative care

6. Manuscript Identifying Number (if you know it)

M17-2164

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Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Halpern

3. Date
19-September-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
A research agenda for high-value palliative care

6. Manuscript Identifying Number (if you know it)
M17-2164

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