

Instructions

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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Swinton 1



| Section 1. | Identifying Inform | ation | | | | | | |
|--|---|-----------------------------------|--|-------------------------|-------------------------------------|--------------------|---------------------|------|
| 1. Given Name (First Name) Marilyn | | 2. Surname (Last Name) Swinton | | | 3. Date 14-October-2019 | | | |
| 4. Are you the cor | responding author? | Yes | ✓ No | Correspon Cook | Corresponding Author's Name Cook | | | |
| of the 3 Wishes F | End-of-Life Care in the | | -methods mu | lti-site implei | mentation | n and formative p | program evaluation | n |
| M19-2438 | Turying Number (ii you kri | ow it) | | | | | | |
| Section 2. | The Work Under Co | nsiderati | ion for Publ | ication | | | | |
| any aspect of the s statistical analysis, Are there any rel If yes, please fill o | stitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing | but not limi st? | ted to grants, des No elow. If you ha | lata monitorin | g board, st | udy design, manus | cript preparation, | |
| Name of Institut | | | Personal No | on-Financial Support | Other? | Comments | | |
| Greenwall Foundatio | n | ✓ | | | | Peer-review grant | | |
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| Section 3. | Relevant financial | activities | outside the | submitted | work. | | | |
| of compensation clicking the "Add | the appropriate boxes in with entities as descrifuller box. You should repevant conflicts of intere | oed in the loort relation | instructions. L | Jse one line fo | or each er | ntity; add as many | y lines as you need | d by |
| Section 4. | Intellectual Proper | ty Date | nts P. Canami | iahta | | | | |
| | | | | | | _ | | |
| Do you have any | patents, whether planr | ned, pendir | ng or issued, b | roadly releva | ant to the | work? Yes | √ No | |

Swinton 2



| Section 5. Polationships not severed above |
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| Relationships not covered above |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
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| Section 6. Disclosure Statement |
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| Marilyn Swinton reports grants from Greenwall Foundation, during the conduct of the study; . |

Evaluation and Feedback

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Swinton 3



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Boyle 1



| Section 1. | Identifying Inform | ation | | | | | | |
|---|---|----------------------------|--------------------------------|---|----------------|----------------------|----------------------|-----|
| 1. Given Name (Firs Anne | | | ne (Last Name |) | | 3. Date 15-Octobe | r-2019 | |
| 4. Are you the corre | sponding author? | Yes | ✓ No | Correspor cook | nding Author's | Name | | |
| 5. Manuscript Title Compassionate En the 3 Wishes Proje | nd of Life Care in the K | CU: Mixed- | methods mu | llti-site implen | nentation and | d formative pro | gram evaluation of | f |
| 6. Manuscript Ident | ifying Number (if you kn | ow it) | | | | | | |
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| | The Work Under Co | | | | | | | |
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| Name of Institution | on/Company | Grant? | Personal N | Ion-Financial Support [?] | Other? | Comments | | |
| Greenwall Foundation | | ✓ | | | | | | |
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| Section 3. | Relevant financial | activities | outside th | e submitted | work. | | | |
| of compensation) clicking the "Add | ne appropriate boxes i with entities as descri +" box. You should rep | bed in the oort relatio | instructions. nships that v | Use one line f vere present (| or each entit | y; add as many | lines as you need b | |
| Are there any rele | vant conflicts of intere | est? | ′es ✓ No |) | | | | |
| | | | | | | | | |
| Section 4. | Intellectual Proper | ty Pate | nts & Copy | rights | | | | |
| Do you have any բ | patents, whether plani | ned, pendi | ng or issued, | broadly relev | ant to the wo | ork? Yes | √ No | |

Boyle 2



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| Dr. Boyle reports grants from Greenwall Foundation, during the conduct of the study;. |

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Neville 1



| Section 1. Identifying Information | |
|--|---------|
| 1. Given Name (First Name) 2. Surname (Last Name) 3. Date Thanh Neville 11-October-2019 | |
| 4. Are you the corresponding author? | |
| 5. Manuscript Title Compassionate End-of-Life Care in the ICU: Mixed-methods multi-site implementation and formative program evaluation the 3 Wishes Project | of |
| 6. Manuscript Identifying Number (if you know it) | |
| | |
| Section 2. The Work Under Consideration for Publication | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Y Yes No | :.) for |
| If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a | row. |
| Excess rows can be removed by pressing the "X" button. Name of Institution/Company Grant Personal Fees Support Comments | |
| CSU Institute for Palliative Care | |
| | |
| Section 3. Relevant financial activities outside the submitted work. | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amo of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | |
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| Section 4. Intellectual Property Patents & Copyrights | |

Neville 2



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| Dr. Neville reports a grant from CSU Institute for Palliative Care, during the conduct of the study. |

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Foster 1



| Section 1. | Identifying Inform | nation | | | |
|---|---|--|---|---|-------------------------|
| 1. Given Name (Fi Denise | rst Name) | 2. Surname (Last Name Foster | <u>e</u>) | 3. Date 11-Octob | oer-2019 |
| 4. Are you the cor | 4. Are you the corresponding author? | | Correspond Deborah J | ling Author's Name Cook | |
| 5. Manuscript Title Compassionate I the 3 Wishes Pro | End-of-Life Care in the I | ICU: Mixed-methods m | ulti-site implem | entation and formative p | orogram evaluation of |
| 6. Manuscript lder M19-2438 | ntifying Number (if you kn | now it) | | | |
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| any aspect of the s statistical analysis, Are there any rel- If yes, please fill c | ubmitted work (including etc.)? evant conflicts of intere | but not limited to grant: est? Yes Normation below. If you | s, data monitoring | government, commercial, p board, study design, manu one entity press the "AD | script preparation, |
| Name of Institut | ion/Company | Grant? Personal Fees? | Non-Financial Support? | Other? Comments | |
| Greenwall Foundatio | n | ✓ | | | |
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| of compensation clicking the "Add Are there any rel |) with entities as descri | bed in the instructions oort relationships that | s. Use one line fo were present d u | ve financial relationships or each entity; add as mar uring the 36 months pri | ny lines as you need by |
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Foster 2



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Cook 1



| Section 1. Identify | ing Information | | | |
|---|--|-----------------------|-----------------|--|
| Given Name (First Name) Deborah | 2. Surname (Last N Cook | lame) | | 3. Date 12-October-2019 |
| 4. Are you the corresponding | author? ✓ Yes No |) | | |
| 5. Manuscript Title "Compassionate End-of-Life of the 3 Wishes Project" | e Care in the ICU: Mixed-metho | ds multi-site impleı | mentation and | d formative program evaluation |
| 6. Manuscript Identifying Nun M19-2438 | nber (if you know it) | | | |
| | | | | |
| Section 2. The Wor | k Under Consideration for | Publication | | |
| | ony time receive payment or service ork (including but not limited to g | | | commercial, private foundation, etc.) for design, manuscript preparation, |
| Are there any relevant conf | | No | | |
| | ropriate information below. If y d by pressing the "X" button. | ou have more thar | n one entity p | ress the "ADD" button to add a row. |
| Name of Institution/Comp | any Grant? Person | | Other? Co | omments |
| Greenwall Foundation | ✓ | | Pee | er review grant |
| Canadian Institutes for Health Re | search 🗸 | | Pee | er review career award |
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| of compensation) with enti- | ties as described in the instruct ou should report relationships t | ions. Use one line fo | or each entity; | relationships (regardless of amount y; add as many lines as you need by s months prior to publication. |
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| Do you have any patents, w | hether planned, pending or iss | ued, broadly releva | ant to the wor | rk? Yes Vo |

Cook 2



| Soction F | |
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Cook 3



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Royalties: Funds are coming in to you or your institution due to your patent

Heels-Ansdell 1



| Section 1. | Identifying Inform | ation | | | | | | |
|---|--|---|--|--------------------------------------|----------------------------|--------------------|---------------------|----|
| 1. Given Name (First Name) Diane | | 2. Surname (Last Name) Heels-Ansdell | | | 3. Date 15-October-2019 | | | |
| 4. Are you the corresponding author? | | Yes | √ No | Correspon Dr. DJ Coo | _ | or's Name | | |
| the 3 Wishes Pro | End-of-Life Care in the I | | -methods mu | lti-site implen | nentation | and formative pr | rogram evaluation (| of |
| Section 2. | | | | | | | | |
| Jeeu Ji | The Work Under Co | onsiderat | ion for Pub | lication | | | | |
| any aspect of the s statistical analysis, Are there any rel- If yes, please fill c | titution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing | but not limst? | ited to grants, fees No elow. If you h | data monitorin | g board, st | udy design, manus | cript preparation, | |
| Name of Institut | ion/Company | Grant? | Personal N Fees? | on-Financial Support [?] | Other? | Comments | | |
| Greenwall Foundatio | n | ✓ | | | | Peer-review grant | | |
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| Section 3. | Relevant financial | activities | outside the | submitted | work. | | | |
| of compensation clicking the "Add Are there any rel | the appropriate boxes i) with entities as descri +" box. You should rep evant conflicts of intere | bed in the ort relatio | instructions. | Use one line f | or each ei | ntity; add as many | y lines as you need | |
| Section 4. | Intellectual Proper | ty Pate | nts & Copyr | rights | | | | |
| Do you have any | patents, whether plani | ned, pendi | ng or issued, | broadly releva | ant to the | work? Yes | ✓ No | |

Heels-Ansdell 2



| Section 5. Polationships not severed above |
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| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| |
| Section 6. Disclosure Statement |
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| Ms. Heels-Ansdell reports grants from Greenwall Foundation, during the conduct of the study; . |

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Heels-Ansdell 3



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Clarke 1



| Section 1. Identifying Inform | ation | | |
|---|--|-------------------------|---|
| Given Name (First Name) France | 2. Surname (Last Name) Clarke | | 3. Date 13-October-2019 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author | or's Name |
| 5. Manuscript Title"Compassionate End-of-Life Care in the of the 3 Wishes Project"6. Manuscript Identifying Number (if you kn | | ti-site implementation | n and formative program evaluation |
| M19-2438 | OW IC) | _ | |
| Section 2. The Work Under Co | onsideration for Publi | cation | |
| | ve payment or services from but not limited to grants, da | a third party (governme | ent, commercial, private foundation, etc.) for udy design, manuscript preparation, |
| If yes, please fill out the appropriate info Excess rows can be removed by pressing | | ve more than one enti | ity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant' | n-Financial Other? | Comments |
| Greenwall Foundation | V | | Peer Reviewed Grant |
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| Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep Are there any relevant conflicts of interes | bed in the instructions. U port relationships that we | se one line for each er | ntity; add as many lines as you need by |
| Section 4. Intellectual Proper | ty Patents & Copyri | ahts | |
| Do you have any patents, whether plans | | - | work? ☐ Yes ✓ No |

Clarke 2



| Section 5. | |
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| Section 5. | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
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| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships. |
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Tam 1



| Section 1. | Identifying Inform | nation | | |
|--|---------------------------|---|---|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Tam | | Date 1-October-2019 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name | |
| the 3 Wishes Pro | End-of-Life Care in the I | | i-site implementation and form | native program evaluation of |
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| Section 2. | The Work Under Co | onsideration for Publi | cation | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, d | n a third party (government, comm ata monitoring board, study desig | nercial, private foundation, etc.) for n, manuscript preparation, |
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| of compensation clicking the "Add |) with entities as descri | ibed in the instructions. Uport relations that we | nether you have financial relations se one line for each entity; add re present during the 36 mor | as many lines as you need by |
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| Do you have any | | | roadly relevant to the work? | Yes ✓ No |

Tam 2



| Section 5. | |
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| Dr. Tam has not | hing to disclose. |

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Vanstone 1



| Section 1. Identifying Inform | ation | | |
|--|---|---------------------------|--|
| Given Name (First Name) Meredith | 2. Surname (Last Name) Vanstone | | 3. Date 14-October-2019 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Autho | r's Name |
| 5. Manuscript Title"Compassionate End-of-Life Care in the of the 3 Wishes Project"6. Manuscript Identifying Number (if you known) | | ti-site implementation | and formative program evaluation |
| M19-2438 | | _ | |
| Section 2. The Work Under Co | onsideration for Publi | cation | |
| Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intereal of the submitted work (including statistical analysis, etc.)? | but not limited to grants, do st? Yes No rmation below. If you ha | ata monitoring board, stu | udy design, manuscript preparation, |
| Name of Institution/Company | Grant? Personal No | n-Financial Other? | Comments |
| Greenwall Foundation | V | | Peer-review grant |
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| Section 3. Relevant financial a | activities outside the | submitted work. | |
| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interest. | oed in the instructions. U ort relationships that we | se one line for each en | tity; add as many lines as you need by |
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| Do you have any patents, whether plann | | | work? Yes 🗸 No |

Vanstone 2



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patent

Sadik 1



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|--|----------------------------|---|---|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Sadik | 3. Date 11-October-2019 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Deborah J. Cook |
| 5. Manuscript Title Compassionate I the 3 Wishes Pro | End-of-Life Care in the | ICU: Mixed-methods mult | i-site implementation and formative program evaluation of |
| 6. Manuscript Ider M19-2438 | ntifying Number (if you kr | now it) | |
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| Do you have any | | | roadly relevant to the work? Yes V No |

Sadik 2



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Royalties: Funds are coming in to you or your institution due to your patent

LeBlanc 1



| Section 1. Identifying Inform | nation | |
|---|--|--|
| 1. Given Name (First Name) Allana | 2. Surname (Last Name) LeBlanc | 3. Date 10-October-2019 |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Deborah J Cook |
| Manuscript Title Compassionate End of Life Care in the I the 3 Wishes Project | CU: Mixed methods multi- | -site implementation and formative program evaluation of |
| 6. Manuscript Identifying Number (if you kr M19-2438 | now it) | _ |
| Sortion 2 | | |
| Section 2. The Work Under Co | onsideration for Publi | cation |
| | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
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| Section 3. Relevant financial | activities outside the | submitted work. |
| of compensation) with entities as descri | ibed in the instructions. Us port relationships that we | nether you have financial relationships (regardless of amount see one line for each entity; add as many lines as you need by tree present during the 36 months prior to publication. |
| Costion 4 | | |
| Section 4. Intellectual Proper | rty Patents & Copyri | ghts |
| Do you have any patents, whether plan | ned, pending or issued, bi | roadly relevant to the work? Yes V No |

LeBlanc 2



| Section 5. Relationships not covered above |
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| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
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| Ms. LeBlanc has nothing to disclose. |

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LeBlanc 3



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Royalties: Funds are coming in to you or your institution due to your patent

Phung 1



| Section 1. Identifying | g Information | |
|--|---|---|
| 1. Given Name (First Name) Peter | 2. Surname (Last Name) Phung | 3. Date 11-October-2019 |
| 4. Are you the corresponding au | thor? ✓ Yes No | |
| 5. Manuscript Title Building Organizational Com | passion Amongst Teams Delivering End-of-Life | Care in the ICU: The 3 Wishes Project |
| 6. Manuscript Identifying Numb | er (if you know it) | |
| | | |
| Section 2. The Work | Under Consideration for Publication | |
| | y time receive payment or services from a third part k (including but not limited to grants, data monitorin | y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation, |
| Are there any relevant conflic | ts of interest? Yes V No | |
| | | |
| Section 3. Relevant f | inancial activities outside the submitted | d work. |
| of compensation) with entitie | | nave financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication. |
| Are there any relevant conflic | ts of interest? Yes V No | |
| | | |
| Section 4. Intellectua | al Property Patents & Copyrights | |
| Do you have any patents, who | ether planned, pending or issued, broadly relev | vant to the work? ☐ Yes ✓ No |

Phung 2



| Section 5. Relationships not covered above |
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| helationships not covered above |
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Phung 3



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Smith 1



| Section 1. | Identifying Inform | nation | | | |
|--|---|--------------------------------|---|--|----------------------|
| 1. Given Name (Fi Orla | | 2. Surname (Last Name Smith | <u>=</u>) | 3. Date 15-October- | -2019 |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's Name Dr. Deborah Cook | | |
| 5. Manuscript Title Compassionate the 3 Wishes Pro | End-of-Life Care in the | ICU: Mixed-methods m | ulti-site implem | nentation and formative pro | gram evaluation of |
| 6. Manuscript Idei M19-2438 | ntifying Number (if you kr | now it) | | | |
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| Section 2. | The Work Under C | onsideration for Pu | blication | | |
| | ubmitted work (including | | | (government, commercial, priv. g board, study design, manuscr | |
| • | evant conflicts of inter | | | 14 CD | la managarah la m |
| | but the appropriate info be removed by pressin | • | nave more thar | n one entity press the "ADD" | button to add a row. |
| Name of Institut | ion/Company | Grant? Personal Fees? | Non-Financial Support [?] | Other? Comments | |
| Greenwall Foundatio | n | V | | Peer-review funding program implement personal remunerat | tation; no |
| | | | | | |
| Section 3. | Relevant financial | activities outside th | ne submitted | work. | |
| of compensation | n) with entities as descr | ibed in the instructions | . Use one line fo | ave financial relationships (re or each entity; add as many l luring the 36 months prior | ines as you need by |
| Are there any rel | evant conflicts of inter | est? Yes V | 0 | | |
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| Section 4. | Intellectual Prope | rty Patents & Copy | yrights | | |
| Do you have any | patents, whether plan | ned, pending or issued | , broadly releva | ant to the work? Yes | ✓ No |

Smith 2



| Section 5. | |
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| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| | |
| Section 6. | Disclosure Statement |
| Based on the abo below. | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Smith report | s grants from Greenwall Foundation, during the conduct of the study; . |

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Smith 3



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Toledo 1



| Section 1. Identifying Inform | nation | | |
|--|--|------------------------|--|
| Given Name (First Name) | 2. Surname (Last Name) | | 3. Date |
| Feli | Toledo | | 12-October-2019 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author | or's Name |
| 5. Manuscript Title "Compassionate End-of-Life Care in the of the 3 Wishes Project" | ICU: Mixed-methods mul | ti-site implementation | n and formative program evaluation |
| 6. Manuscript Identifying Number (if you kr M19-2438 | now it) | _ | |
| | | | |
| Section 2. The Work Under Co | onsideration for Publi | cation | |
| Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | | ent, commercial, private foundation, etc.) for udy design, manuscript preparation, |
| If yes, please fill out the appropriate info Excess rows can be removed by pressin | - | e more than one ent | ity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant' | n-Financial Other? | Comments |
| Greenwall Foundation | ✓ | | Peer-review grant |
| | | | |
| Section 3. Relevant financial | activities outside the | submitted work. | |
| Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes | ibed in the instructions. Us port relationships that we | se one line for each e | ntity; add as many lines as you need by |
| Section 4. Intellectual Proper | rty Patents & Copyri | ghts | |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the | work? Yes V No |

Toledo 2



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Takaoka 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| Given Name (First Name) Alyson | 2. Surname (Last Name) Takaoka | 3. Date 15-October-2019 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Dr. Deborah J. Cook |
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Takaoka 2



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Dhingra 1



| Section 1. | Identifying Inform | ation | | |
|---|--|--|--|---|
| 1. Given Name (Fi Vinay | rst Name) | 2. Surname (Last Name) Dhingra | | 3. Date 21-October-2019 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Nar Dr. Cook | me |
| Compassionate I the w wishes Pro | 5. Manuscript Title Compassionate End of Life Care in the ICU: Mixed-methods multi-site implementation and formative program evaluation of the w wishes Project 6. Manuscript Identifying Number (if you know it) M19-2438 | | | |
| Section 2. | The Work Under Co | onsideration for Publi | cation | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, cor ata monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation, |
| Section 3. | Relevant financial | activities outside the | submitted work. | |
| of compensation clicking the "Add | the appropriate boxes i) with entities as descri | n the table to indicate wh bed in the instructions. U port relationships that we | ether you have financial rela se one line for each entity; a | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. |
| Section 4. | Intellectual Proper | ty Patents & Copyri | ahts | |
| Do you have any | | | - | ☐ Yes ✓ No |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No | | | | |

Dhingra 2



| Section 5. Polationships not sovered above |
|--|
| Relationships not covered above |
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Dhingra 3



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Baker 1



| Section 1. Identifying Inform | nation | |
|--|--|--|
| 1. Given Name (First Name) Andrew | 2. Surname (Last Name) Baker | 3. Date 15-October-2019 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Deborah Cook |
| 5. Manuscript Title Compassionate End-of-Life Care in the the 3 Wishes Project | ICU: Mixed-methods multi | i-site implementation and formative program evaluation of |
| 6. Manuscript Identifying Number (if you kr M19-2438 | now it) | _ |
| Sortion 2 | | |
| Section 2. The Work Under Co | onsideration for Public | cation |
| | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the s | submitted work |
| Place a check in the appropriate boxes i of compensation) with entities as descri | in the table to indicate wh ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4. Intellectual Proper | rty Patents & Copyric | ahts |
| Do you have any patents, whether plan | | |

Baker 2



| Section 5. Relationships not severed above |
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| Relationships not covered above |
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| Dr. Baker has nothing to disclose. |

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Royalties: Funds are coming in to you or your institution due to your patent

Kao 1



| Section 1. Identifying Inform | ation | | |
|---|--|-----------------------------------|------------------------------|
| 1. Given Name (First Name) Yuhan | 2. Surname (Last Name) Kao | | Date October-2019 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name | |
| 5. Manuscript Title Compassionate End-of-Life Care in the I the 3 Wishes Project | CU: Mixed-methods multi | site implementation and forma | ative program evaluation of |
| 6. Manuscript Identifying Number (if you kn M19-2438 | ow it) | - | |
| | | | |
| Section 2. The Work Under Co | onsideration for Public | ation | |
| Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | | |
| Section 2 | | | |
| Section 3. Relevant financial | activities outside the s | ubmitted work. | |
| Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes | bed in the instructions. Us port relationships that wer | e one line for each entity; add a | as many lines as you need by |
| Service A | | | |
| Section 4. Intellectual Proper | ty Patents & Copyrig | hts | |
| Do you have any patents, whether plant | ned, pending or issued, br | oadly relevant to the work? | Yes ✓ No |

Kao 2



| Section 5. Relationships not severed above |
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| Relationships not covered above |
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patent

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| Section 5. Relationships not covered above | | |
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|--|------------------------------|--|--|
| Given Name (First Name) Xueqing | 2. Surname (Last Name) Xu | 3. Date 21-October-2019 | |
| 4. Are you the corresponding author? | Yes 🗸 No | Corresponding Author's Name Dr. Deborah J. Cook | |
| 5. Manuscript Title "Compassionate End-of-Life Care in the ICU: Mixed-methods multi-site implementation and formative program evaluation of the 3 Wishes Project." 6. Manuscript Identifying Number (if you know it) REF: M19-2438 | | | |
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| Section 4. Intellectual Prope | rty Patents & Copyri | ghts | |
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