

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marilyn

2. Surname (Last Name)
Swinton

3. Date
14-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
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)
M19-2438

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Are there any relevant conflicts of interest? Yes No

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer-review grant |

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Marilyn Swinton reports grants from Greenwall Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Anne

2. Surname (Last Name)
Boyle

3. Date
15-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
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)

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| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

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Section 1. Identifying Information

1. Given Name (First Name) Thanh

2. Surname (Last Name) Neville

3. Date 11-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 ICU: Mixed-methods multi-site implementation and formative program evaluation of the 3 Wishes Project

6. Manuscript Identifying Number (if you know it) _____

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| CSU Institute for Palliative Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Section 1. Identifying Information

1. Given Name (First Name)
Denise

2. Surname (Last Name)
Foster

3. Date
11-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
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

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| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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1. Given Name (First Name)
Deborah

2. Surname (Last Name)
Cook

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12-October-2019

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5. Manuscript Title
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| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer review grant |
| Canadian Institutes for Health Research | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer review career award |

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4. Intellectual Property.

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

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Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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
Corresponding Author's Name
Dr. DJ 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)
M19-2438

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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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer-review grant |

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. 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's Name
Dr. Deborah 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"

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| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer Reviewed Grant |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|
| 1. Given Name (First Name) Benjamin | 2. Surname (Last Name) Tam | 3. Date 21-October-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name _____ |
| 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) _____ | | |

Section 2. The Work Under Consideration for Publication

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Dr. Tam has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Meredith

2. Surname (Last Name)
Vanstone

3. Date
14-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
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)
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| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer-review grant |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| 1. Given Name (First Name) Marina | 2. Surname (Last Name) Sadik | 3. Date 11-October-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name 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) M19-2438 | | |

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Ms. Sadik has nothing to disclose.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|
| 1. Given Name (First Name) Allana | 2. Surname (Last Name) LeBlanc | 3. Date 10-October-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name 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) M19-2438 | | |

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.) for 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? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Ms. LeBlanc has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Phung

3. Date
11-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Building Organizational Compassion Amongst Teams Delivering End-of-Life Care in the ICU: The 3 Wishes Project

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Phung has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Orla

2. Surname (Last Name)
Smith

3. Date
15-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr. Deborah 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)
M19-2438

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Are there any relevant conflicts of interest? Yes No

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? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------|
| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer-review funding to support the program implementation; no personal remuneration |

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Feli

2. Surname (Last Name)
Toledo

3. Date
12-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
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)
M19-2438

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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|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| Greenwall Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peer-review grant |

Section 3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|
| 1. Given Name (First Name) Alyson | 2. Surname (Last Name) Takaoka | 3. Date 15-October-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | | |
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Ms. Takaoka has nothing to disclose.

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Section 1. Identifying Information

| | | |
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| 1. Given Name (First Name) Vinay | 2. Surname (Last Name) Dhingra | 3. Date 21-October-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dr. Cook |
| 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 Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

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 ICU: Mixed-methods multi-site implementation and formative program evaluation of the 3 Wishes Project

6. Manuscript Identifying Number (if you know it)

M19-2438

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Dr. Baker has nothing to disclose.

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| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name _____ |
| 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 | | |
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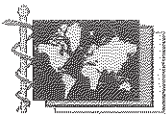
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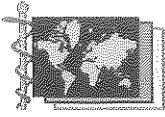
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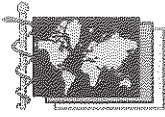
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Xu

3. Date
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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."

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