ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Kurahashi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Allison

2. Surname (Last Name)
   Kurahashi

3. Date
   18-March-2020

4. Are you the corresponding author?  
   ☑ Yes   ☐ No

5. Manuscript Title
   Residents’ reflections on end-of-life conversations: How a palliative care clinical rotation creates meaningful learning opportunities

6. Manuscript Identifying Number (if you know it)
   APM-19-265

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Kurahashi 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)  Joshua
2. Surname (Last Name)     Wales
3. Date                   18-March-2020
4. Are you the corresponding author? [ ] Yes [X] No
  Corresponding Author’s Name
  Allison Kurahashi

5. Manuscript Title
Residents’ reflections on end-of-life conversations: How a palliative care clinical rotation creates meaningful learning opportunities
6. Manuscript Identifying Number (if you know it)
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Section 4. Intellectual Property -- Patents & Copyrights

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

Wales
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Wales has nothing to disclose.

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1. Given Name (First Name)  
   Amna

2. Surname (Last Name)  
   Husain

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author's Name  
   Allison Kurahashi

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Dr. Husain has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Ramona</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Mahtani</td>
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<td>3. Date</td>
<td>18-March-2020</td>
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4. Are you the corresponding author? Yes No

<table>
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<th>4. Corresponding Author’s Name</th>
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<tr>
<td>Allison Kurahashi</td>
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Dr. Mahtani has nothing to disclose.

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