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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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**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) Yuri
2. Surname (Last Name) Tokunaga-Nakawatase
3. Date 10-April-2020
4. Are you the corresponding author? Yes ✔
5. Manuscript Title
Perceptions of Physicians and Nurses Concerning Advanced Care Planning for Patients with Heart Failure in Japan
6. Manuscript Identifying Number (if you know it)
APM-19-685

Section 2. The Work Under Consideration for Publication

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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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Are there any relevant conflicts of interest? Yes No ✔

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tokunaga-Nakawatase 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)  
   Ryoata

2. Surname (Last Name)  
   Ochiai

3. Date  
   10-April-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Yuri Tokunaga-Nakawatase

5. Manuscript Title  
   Perceptions of Physicians and Nurses Concerning Advanced Care Planning for Patients with Heart Failure in Japan

6. Manuscript Identifying Number (if you know it)  
   APM-19-685

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Are there any relevant conflicts of interest?  
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   [x] No

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   [x] No

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   [x] No
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Dr. Ochiai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Makiko

2. Surname (Last Name)  
Sanjo

3. Date  
15-April-2020

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Yuri Tokunaga-Nakawatase

5. Manuscript Title  
Perceptions of Physicians and Nurses Concerning Advanced Care Planning for Patients with Heart Failure in Japan

6. Manuscript Identifying Number (if you know it)  
APM-19-685

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Are there any relevant conflicts of interest?  
No

Section 4. Intellectual Property -- Patents & Copyrights

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No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Miyuki

2. Surname (Last Name)  
Tsuchihashi-Makaya

3. Date  
16-April-2020

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Yuri Tokunaga-Nakawatase

5. Manuscript Title  
Perceptions of Physicians and Nurses Concerning Advanced Care Planning for Patients with Heart Failure in Japan

6. Manuscript Identifying Number (if you know it)  
APM-19-685

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Are there any relevant conflicts of interest?  
Yes ☐ No

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Dr. Tsuchihashi-Makaya has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mitsunori
2. Surname (Last Name) Miyashita
3. Date 10-April-2020
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name
Yuri Tokunaga-Nakawatase

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Miyashita has nothing to disclose.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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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)  
   Toshiyuki

2. Surname (Last Name)  
   Ishikawa

3. Date  
   10-April-2020

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Yuri Tokunaga-Nakawatase

5. Manuscript Title  
   Perceptions of Physicians and Nurses Concerning Advanced Care Planning for Patients with Heart Failure in Japan

6. Manuscript Identifying Number (if you know it)  
   APM-19-685

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**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?  
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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

Disclosure Statement

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

Dr. Ishikawa has nothing to disclose.

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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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5. Relationships not covered above.

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Definitions.

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1. Given Name (First Name)  
   Setsuko  
2. Surname (Last Name)  
   WATABE  
3. Date  
   16-April-2020  
4. Are you the corresponding author?  
   Yes  ✔  No  
   Corresponding Author’s Name  
   Yuri Tokunaga-Nakawatase  
5. Manuscript Title  
   Perceptions of Physicians and Nurses Concerning Advanced Care Planning for Patients with Heart Failure in Japan  
6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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### Section 3. Relevant financial activities outside the submitted work.

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Dr. WATABE has nothing to disclose.

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