

ICMJE DISCLOSURE FORM

Date: 7/30/2022

Your Name: Tracy Long-Sutehall

Manuscript Title: EDiPPPP -Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions: multicentre, mixed methods study.

Manuscript Number (if known): Not known

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/07/2022

Your Name: Michael Bracher

Manuscript Title: EDiPPPP -Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions: multicentre, mixed methods study.

Manuscript Number (if known): Not Known

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Sarah Mollart

Manuscript Title: EDiPPPP -Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions: multicentre, mixed methods study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: Jane Wale

Manuscript Title: EDiPPPP -Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions: multicentre, mixed methods study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.