

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Lorraine Hansford

Manuscript Title: Building a multi-sectoral palliative care research partnership in the South West Peninsula to understand community needs in rural, coastal and low-income areas.

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

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Katrina Wyatt

Manuscript Title: Building a multi-sectoral palliative care research partnership in England's South West Peninsula to understand community needs in rural, coastal and low-income areas

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

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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.

ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Professor Siobhan Creanor

Manuscript Title: Building a multi-sectoral palliative care research partnership in England's South West Peninsula to understand community needs in rural, coastal and low-income areas

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

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ICMJE DISCLOSURE FORM

Date: 06/06/2023

Your Name: Sheena McCready

Manuscript Title: Building a multi-sectoral palliative care research partnership in the South West Peninsula to understand community needs in rural, coastal and low-income areas.

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

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NIHT grant provided PPI expenses to me for attending meetings and travel to meetings within Devon etc	Payments made to me from the NIHR grant
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: RICHARD HARDING

Manuscript Title: Building a multi-sectoral palliative care research partnership in the South West Peninsula to understand community needs in rural, coastal and low-income areas.

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Trustee, Marie Curie. • Co-chair of the African Palliative Care Association Research Network. • BHIVA (British HIV Association) Standards Steering Committee. • Vice-Chair WHPCA – Worldwide Hospice Palliative Care Alliance. </td> <td style="width: 50%; vertical-align: top;"> Leadership roles as defined in title, all unpaid. </td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	<ul style="list-style-type: none"> • Trustee, Marie Curie. • Co-chair of the African Palliative Care Association Research Network. • BHIVA (British HIV Association) Standards Steering Committee. • Vice-Chair WHPCA – Worldwide Hospice Palliative Care Alliance. 	Leadership roles as defined in title, all unpaid.					
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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

 18 May 2023