

ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Alexis Palá

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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.

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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: 11/10/2023

Your Name: Amy Wheatman

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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.

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ICMJE DISCLOSURE FORM

Date: 11/10/2023

Your Name: Colette Hawkins

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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ICMJE DISCLOSURE FORM

Date: 11/16/2023

Your Name: David Black

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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ICMJE DISCLOSURE FORM

Date: 11/20/2023

Your Name: Hazel Genn

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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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: 11/15/2023

Your Name: Hannah Hesselgreaves

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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.

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ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Jonathan Ling

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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.

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ICMJE DISCLOSURE FORM

Date: 11/16/2023

Your Name: Sarah Beardon

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Sarah Gorman

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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.

	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)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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	

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ICMJE DISCLOSURE FORM

Date: 11/10/2023

Your Name: Tomos Robinson

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Yu Fu

Manuscript Title: Meeting Social Welfare Legal Needs in End of Life Care: Co-creation of a System-wide Research Partnership

Manuscript Number (if known): HSDR NIHR135276 PEoLC

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