

## ICMJE DISCLOSURE FORM

**Date:** 8/30/2021

**Your Name:** Erica Cook

**Manuscript Title:** Exploratory study from an end of life research partnership network to improve access for ethnically diverse communities in one region

**Manuscript Number (if known):** HSDR\_PEOLC\_NIHR135381

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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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:** 1/27/2024

**Your Name:** Elaine Tolliday

**Manuscript Title:** Exploratory study from an end of life research partnership network to improve access for ethnically diverse communities in one region

**Manuscript Number (if known):** HSDR\_PEOLC\_NIHR135381

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/4/2023

**Your Name:** Emma Wilkinson

**Manuscript Title:** Exploratory study from an end of life research partnership network to improve access for ethnically diverse communities in one region

**Manuscript Number (if known):** HSDR\_PEOLC\_NIHR135381

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## ICMJE DISCLOSURE FORM

**Date:** 1/27/2024

**Your Name:** Nasreen Ali

**Manuscript Title:** Exploratory study from an end of life research partnership network to improve access for ethnically diverse communities in one region

**Manuscript Number (if known):** HSDR\_PEOLC\_NIHR135381

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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.

## ICMJE DISCLOSURE FORM

**Date:** 8/31/2023

**Your Name:** PROFESSOR GURCH RANDHAWA

**Manuscript Title:** Exploratory study from an end of life research partnership network to improve access for ethnically diverse communities in one region

**Manuscript Number (if known):** HSDR\_PEOLC\_NIHR135381

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)						
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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Grant from NIHR – NIHR135381</td> <td style="width: 30%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="text-align: right; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> <td></td> </tr> </table>	Grant from NIHR – NIHR135381				<small>Click the tab key to add additional rows.</small>	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>									
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**Date:** 8/31/2023

**Your Name:** Mehrunisha Suleman

**Manuscript Title:** Exploratory study from an end of life research partnership network to improve access for ethnically diverse communities in one region

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		Trustee for Arthur Rank Hospice, Cambridge	

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