

ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Jacqueline Birtwistle

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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: 12/1/2024

Your Name: Gabriella Williamson

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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ICMJE DISCLOSURE FORM

Date: 3/14/2025

Your Name: Samuel Relton

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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ICMJE DISCLOSURE FORM

Date: 12/4/2024

Your Name: Andy Bradshaw

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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Date: 12/9/2024

Your Name: Katherine Sleeman

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

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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: 12/3/2024

Your Name: Maureen Twiddy

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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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ICMJE DISCLOSURE FORM

Date: 12/4/2024

Your Name: Pablo Millares Martin

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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: 3/14/2025

Your Name: Suzanne Richards

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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: 1/6/2025

Your Name: Matthew Allsop

Manuscript Title: Community and Hospital-based Healthcare Professionals Perceptions of Digital Advance CarePlanning for Palliative and End-of-life Care: A Latent Class Analysis

Manuscript Number (if known): NIHR136238

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