ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyra</td>
<td>Pendergrass Boomer</td>
<td>20-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  ✔ Yes  ❌ No

5. Manuscript Title
Videogame Intervention to Encourage HIV Testing and Counseling among Adolescents

6. Manuscript Identifying Number (if you know it)
mHealth-19-107-R2

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Section 6.

Disclosure Statement

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Dr. Pendergrass Boomer has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Kimberly

2. **Surname (Last Name)**  
   Hieftje

3. **Date**  
   20-April-2020

4. **Are you the corresponding author?**  
   [ ] Yes  ✔ No

   **Corresponding Author’s Name**  
   Tyra Pendergrass

5. **Manuscript Title**  
   Videogame Intervention to Encourage HIV Testing and Counseling among Adolescents

6. **Manuscript Identifying Number (if you know it)**  
   mHealth-19-107-R2

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Hieftje has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lindsay
2. Surname (Last Name) Duncan
3. Date 16-April-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Videogame Intervention to Encourage HIV Testing and Counseling among Adolescents
6. Manuscript Identifying Number (if you know it)
   mHealth-19-107-R2

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1. Given Name (First Name)  Lynn
2. Surname (Last Name)  Fiellin
3. Date  16-April-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Tyra Pendergrass Boomer

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Videogame Intervention to Encourage HIV Testing and Counseling among Adolescents

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