ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jenny

2. Surname (Last Name)  
   Rickardsson

3. Date  
   16-April-2020

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

5. Manuscript Title  
   Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients

6. Manuscript Identifying Number (if you know it)  
   mHealth-19-241

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.)?

Are there any relevant conflicts of interest?  
   ✔ Yes  ❌ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
<thead>
<tr>
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   ❌ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ❌ Yes  ✔ No
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Section 6. Disclosure Statement

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Dr. Rickardsson reports grants from AFA Insurance, during the conduct of the study.

Evaluation and Feedback

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<tr>
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</thead>
<tbody>
<tr>
<td>Vendela</td>
<td>Zetterqvist</td>
<td>17-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No  

Corresponding Author's Name  

- Jenny Rickardsson

5. Manuscript Title  

Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain - feasibility and preliminary effects in clinical and self-referred patients

6. Manuscript Identifying Number (if you know it)  

- mHealth-19-241

### Section 2. The Work Under Consideration for Publication

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  - [x] No

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

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Dr. Zetterqvist has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Charlotte
2. Surname (Last Name)  Gentili
3. Date  17-April-2020
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Jenny Rickardsson
5. Manuscript Title
   Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients
6. Manuscript Identifying Number (if you know it)  mHealth-19-241

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Dr. Gentili has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Erik

2. Surname (Last Name)
   Andersson

3. Date
   23-March-2020

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

5. Manuscript Title
   Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients

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<th>Grant?</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Royalties from a book on health anxiety</td>
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<td>✔</td>
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Dr. Andersson reports personal fees from Royalties from a book on health anxiety, outside the submitted work.

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Holmström
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Linda

2. Surname (Last Name)  
Holmström

3. Date  
20-April-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Linda Holmström

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Dr. Holmström has nothing to disclose.

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5. **Relationships not covered above.**

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Section 1. Identifying Information

1. Given Name (First Name) Mats
2. Surname (Last Name) Lekander
3. Date 20-April-2020
4. Are you the corresponding author? No

Corresponding Author’s Name
Jenny Rickardsson

5. Manuscript Title
Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients
6. Manuscript Identifying Number (if you know it)
mHealth-19-241

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Are there any relevant conflicts of interest? No

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Are there any relevant conflicts of interest? No

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Dr. Lekander has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Malin
2. Surname (Last Name)  Persson
3. Date  17-April-2020

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Jenny Rickardsson

5. Manuscript Title
Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients

6. Manuscript Identifying Number (if you know it)
mHealth-19-241

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Jan |
| 2. Surname (Last Name) | Persson |
| 3. Date | 26-April-2020 |
| 4. Are you the corresponding author? | ☑ No |
| Corresponding Author’s Name | Jenny Rickardsson |

5. Manuscript Title
Internet-delivered acceptance and commitment therapy (iACT) for chronic pain—feasibility and preliminary effects in clinical and self-referred patients

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ☑ No

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Section 1. Identifying Information

1. Given Name (First Name) Brjánn
2. Surname (Last Name) Ljótsson
3. Date 17-April-2020
4. Are you the corresponding author? Yes
5. Manuscript Title
   Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients
6. Manuscript Identifying Number (if you know it) mHealth-19-241

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<th>Non-Financial Support?</th>
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Dr. Ljótsson reports other from Dahlia Behandlingsutvärdering AB, other from Pear Therapeutics Inc, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rikard

2. Surname (Last Name)  
   Wicksell

3. Date  
   17-April-2020

4. Are you the corresponding author?  
   Yes ☑️  
   No

   Corresponding Author’s Name  
   Jenny Rickardsson

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   No

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Dr. Wicksell reports grants from AFA Insurance, grants from ALF grant provided by the Stockholm County Council, during the conduct of the study; grants from Clinical research appointment provided by the Stockholm County Council, outside the submitted work; .

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