ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Parya

2. Surname (Last Name)  
   Saberi

3. Date  
   06-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   We Are Family: Designing and Developing a Mobile Health Application for the San Francisco Bay Area House Ball and Gay Families Communities

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### Identifying Information

1. **Given Name (First Name)**
   - Beth
2. **Surname (Last Name)**
   - Berrean
3. **Date**
   - 06-April-2020
4. **Are you the corresponding author?** □ Yes   ✔ No
5. **Manuscript Title**
   - We Are Family: Designing and Developing a Mobile Health Application for the San Francisco Bay Area House Ball and Gay Families Communities
6. **Manuscript Identifying Number (if you know it)**
   - mHealth-19-234

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Section 1. Identifying Information

1. Given Name (First Name)  Cynthia
2. Surname (Last Name)  Milionis
3. Date  06-April-2020

4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name  Parya Saberi

5. Manuscript Title
We Are Family: Designing and Developing a Mobile Health Application for the San Francisco Bay Area House Ball and Gay Families Communities

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Jeffrey

2. Surname (Last Name)  
Wong

3. Date  
06-April-2020

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Corresponding Author's Name  
Parya Saberi

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<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>Emily</td>
<td>Arnold</td>
<td>06-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No

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