

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Maged N.

2. Surname (Last Name)

Kamel Boulos

3. Date

28/4/2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Opportunistic atrial fibrillation screening and detection in 'self-service health check-up stations': a brief overview of current technology potential and possibilities

6. Manuscript Identifying Number (if you know it)

mHealth-19-204-R1

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

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Section 3.

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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? ☐ Yes ☒ No

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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Dr. Kamel Boulos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Guy	2. Surname (Last Name) Haywood	3. Date 28/4/2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Maged N. Kamel Boulos
5. Manuscript Title Opportunistic atrial fibrillation screening and detection in 'self-service health check-up stations': a brief overview of current technology potential and possibilities		
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