ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

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Dr. Kamel Boulos has nothing to disclose.

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1. Given Name (First Name)  
   Guy
2. Surname (Last Name)  
   Haywood
3. Date  
   28/4/2020

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   [ ] Yes  
   [x] No

Corresponding Author’s Name
Maged N. Kamel Boulos

5. Manuscript Title
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