The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. **The work under consideration for publication.**

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3. **Relevant financial activities outside the submitted work.**

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4. **Intellectual Property.**

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Terri-Ann
2. Surname (Last Name) Thompson
3. Date 03-April-2020
4. Are you the corresponding author? ✔ Yes  □ No

5. Manuscript Title
Virtually possible: using telehealth to bring reproductive healthcare to women with opioid use disorder in rural Maine

6. Manuscript Identifying Number (if you know it)
mHealth-19-237

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? □ 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6.  Disclosure Statement

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Dr. Thompson 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)  Katherine
2. Surname (Last Name)  Ahrens
3. Date  02-April-2020
4. Are you the corresponding author?  No ✔

Corresponding Author’s Name  Terri-Ann Thompson
5. Manuscript Title  Virtually possible: using telehealth to bring reproductive healthcare to women with opioid use disorder in rural Maine
6. Manuscript Identifying Number (if you know it)  mHealth-19-237

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?  No ✔

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Are there any relevant conflicts of interest?  No ✔

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No ✔
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Dr. Ahrens has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Leah
2. Surname (Last Name)  Coplon
3. Date  03-April-2020
4. Are you the corresponding author?  Yes   No  ✔
   Corresponding Author’s Name
   Terri-Ann Thompson

5. Manuscript Title
   Virtually possible: using telehealth to bring reproductive healthcare to women with opioid use disorder in rural Maine

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes   No  ✔

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Leah Coplon has nothing to disclose.

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