ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   Hightow-Weidman

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Engaging Youth in mHealth: What works and how can we be sure?

6. Manuscript Identifying Number (if you know it)  
   mHealth-20-48

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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.

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   Keith  
2. Surname (Last Name)  
   Horvath  
3. Date  
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Horvath
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<td>Scott</td>
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Corresponding Author's Name
Lisa Hightow-Weidman

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<td>Jonathan</td>
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Hill-Rorie
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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.

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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
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**Section 5. Relationships not covered above**

Are there 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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.

Dr. Bauermeister reports grants from NICHD, during the conduct of the study.

**Evaluation and Feedback**

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.