ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. **Intellectual Property.**
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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)**
   - Aaron

2. **Surname (Last Name)**
   - Siegler

3. **Date**
   - 28-May-2020

4. **Are you the corresponding author?**
   - Yes ☑ No

5. **Manuscript Title**
   - Mobile app development in health research: Pitfalls and solutions

6. **Manuscript Identifying Number (if you know it)**
   - mHealth-2019-TIHPC-01(mHealth-19-263)

## 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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Dr. Siegler 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)  Justin  
2. Surname (Last Name)  Knox  
3. Date  16-May-2020  
4. Are you the corresponding author?  No  
5. Manuscript Title  Mobile app development in health research: Pitfalls and solutions  
6. Manuscript Identifying Number (if you know it)  mHealth-2019-TIHPC-01(mHealth-19-263)  

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Knox 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) Jose
2. Surname (Last Name) Bauermeister
3. Date 26-May-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Mobile app development in health research: Pitfalls and solutions
6. Manuscript Identifying Number (if you know it)
   mHealth-2019-TIHPC-01(mHealth-19-263)

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Dr. Bauermeister has nothing to disclose.

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<tr>
<td>Jesse</td>
<td>Golinkoff</td>
<td>27-May-2020</td>
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</table>

4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
   Mobile app development in health research: Pitfalls and solutions

6. Manuscript Identifying Number (if you know it)
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Mr. Golinkoff 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)
   Lisa

2. Surname (Last Name)
   Hightow-Weidman

3. Date
   11-May-2020

4. Are you the corresponding author?
   [ ] Yes   ✔ No
   Corresponding Author’s Name
   Aaron Siegler

5. Manuscript Title
   Mobile app development in health research: Pitfalls and solutions

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Hightow-Weidman
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Dr. Hightow-Weidman reports grants from NICHD, during the conduct of the study.

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Corresponding Author's Name

Aaron Siegler

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Dr. Scott has nothing to disclose.

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