ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jennifer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Nahum</td>
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<td>3. Date</td>
<td>22-May-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Dr. Mei Fu</td>
</tr>
</tbody>
</table>

### 5. Manuscript Title

**REAL-TIME ELECTRONIC PATIENT EVALUATION OF LYMPHEDEMA SYMPTOMS, REFERRAL, AND SATISFACTION: A CROSS-SECTIONAL STUDY**

### 6. Manuscript Identifying Number (if you know it)

mHealth-20-118

## Section 2. The Work Under Consideration for Publication

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Dr. Nahum has nothing to disclose.

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<tr>
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</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Fu</td>
</tr>
<tr>
<td>3. Date</td>
<td>21-May-2020</td>
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<td>4. Are you the corresponding author?</td>
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| 5. Manuscript Title       | Dear American Airlines, |
|                           | mHealth-20-118 |

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Dr. Fu has nothing to disclose.

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<tr>
<td>Joan</td>
<td>Scagliola</td>
<td>21-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? □ Yes   ✔ No

**Section 2. The Work Under Consideration for Publication**

Dear American Airlines,

Attached please find the documentation for my service animal for my upcoming flight.

REAL-TIME ELECTRONIC PATIENT EVALUATION OF LYMPHEDEMA SYMPTOMS, REFERRAL, AND SATISFACTION

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Dr. Scagliola has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Martha

2. Surname (Last Name)  
Rodorigo

3. Date  
22-May-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Dr. Mei Fu

5. Manuscript Title  
REAL-TIME ELECTRONIC PATIENT EVALUATION OF LYMPHEDEMA SYMPTOMS, REFERRAL, AND SATISFACTION: A CROSS-SECTİONAL STUDY

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Sandy

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Tobik

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Dr. Mei Fu

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4. **Intellectual Property.**

5. **Relationships not covered above.**

   Use this section to report 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.

**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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- **Other:** Anything not covered under the previous three boxes
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**Section 1. Identifying Information**

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<th>1. Given Name (First Name)</th>
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<tr>
<td>Amber</td>
<td>Guth</td>
<td>21-May-2020</td>
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4. Are you the corresponding author?  

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Corresponding Author's Name  
Dr. Mei R Fu

5. Manuscript Title  
Dear American Airlines,

6. Manuscript Identifying Number (if you know it)  
mHealth-20-118

**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?  

<table>
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**Section 3. Relevant financial activities outside the submitted work.**

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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?  

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</table>
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.

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

Dr. Guth has nothing to disclose.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Axelrod
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Deborah

2. **Surname (Last Name)**
   Axelrod

3. **Date**
   21-May-2020

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

**Corresponding Author's Name**
Dr. Mei R Fu

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Evaluation and Feedback
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