ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Giovenco
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Danielle  
2. Surname (Last Name)  
Giovenco  
3. Date  
28-May-2020  
4. Are you the corresponding author?  
☑ Yes  
☐ No

5. Manuscript Title  
Adapting technology-based HIV prevention and care interventions for youth: Lessons learned across five U.S. Adolescent Trials Network studies  
6. Manuscript Identifying Number (if you know it)  
mHealth-2019-TIHPCCC-02(mHealth-20-43)

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☑ Yes  
☐ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Kathryn
2. Surname (Last Name)  Muessig
3. Date  22-May-2020
4. Are you the corresponding author?  No
5. Manuscript Title  Adapting technology-based HIV prevention and care interventions for youth: Lessons learned across five U.S. Adolescent Trials Network studies
6. Manuscript Identifying Number (if you know it)  mHealth-2019-TIHPC-02(mHealth-20-43)

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Are there any relevant conflicts of interest?  Yes

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

**Corresponding Author’s Name**
Danielle Giovenco

5. Manuscript Title
Adapting technology-based HIV prevention and care interventions for youth: Lessons learned across five U.S. Adolescent Trials Network studies

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**Section 1. Identifying Information**

1. Given Name (First Name): Katie  
2. Surname (Last Name): Biello  
3. Date: 15-May-2020  
4. Are you the corresponding author? □ Yes ✔ No  
   Corresponding Author’s Name: Danielle Giovenco

5. Manuscript Title: Adapting technology-based HIV prevention and care interventions for youth: Lessons learned across five U.S. Adolescent Trials Network studies  
6. Manuscript Identifying Number (if you know it): mHealth-2019-TIHPC-02(mHealth-20-43)

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Biello
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1. Given Name (First Name)  
   Albert

2. Surname (Last Name)  
   Liu

3. Date  
   28-May-2020

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name  
   Danielle Giovenco

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Are there any relevant conflicts of interest?  
Yes ☑ No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td></td>
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<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>I am in the process of receiving an investigator sponsored research grant from Viiv Healthcare.</td>
</tr>
</tbody>
</table>

**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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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?

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Dr. Liu reports grants from NIH, during the conduct of the study; grants and other from Gilead Sciences, grants from Viiv Healthcare, outside the submitted work; .
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Keith
2. Surname (Last Name)  Horvath
3. Date  14-May-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Danielle Giovenco

5. Manuscript Title
Adapting technology-based HIV prevention and care interventions for youth: Lessons learned across five U.S. Adolescent Trials Network studies

6. Manuscript Identifying Number (if you know it)
mHealth-2019-TIHPCC-02(mHealth-20-43)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jesse

2. Surname (Last Name)  
   Golinkoff

3. Date  
   14-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
   Danielle Giovenco

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Danielle Giovenco

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   Hightow-Weidman

3. Date  
   27-May-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
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