ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Janet H.

2. Surname (Last Name)  
   Van Cleave

3. Date  
   11-May-2020

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

5. Manuscript Title  
   The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  
   mh-19-260

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Mei R

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

3. **Date**
   13-May-2020

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

5. **Manuscript Title**
   The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

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

**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
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Section 1. Identifying Information

1. Given Name (First Name)  
Antonia V.

2. Surname (Last Name)  
Bennett

3. Date  
11-May-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Janet H. Van Cleave

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  
mHealth-19-250

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1. Given Name (First Name)  Ann
2. Surname (Last Name) Riccobene
3. Date 11-May-2020

4. Are you the corresponding author? ☑ Yes  ☐ No
Corresponding Author's Name
Janet H. Van Cleave

5. Manuscript Title
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)
mHealth-19-250

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes  ☐ No
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Tran
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   - Anh
2. **Surname (Last Name)**
   - Tran
3. **Date**
   - 11-May-2020
4. **Are you the corresponding author?**
   - Yes [✓] No
   - **Corresponding Author’s Name**
     - Janet H. Van Cleave
5. **Manuscript Title**
   - The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions
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Dr. Tran has nothing to disclose.

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**Corresponding Author’s Name**
Janet H. Van Cleave

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Dr. Most has nothing to disclose.

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<tr>
<td>Maria</td>
<td>Kamberi</td>
<td>11-May-2020</td>
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4. Are you the corresponding author? [ ] Yes [x] No

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Janet H. Van Cleave

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   - Jacqueline

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

3. **Date**
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   - [ ] Yes  ✔ No
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Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

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

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

3. **Date**
   11-May-2020

4. **Are you the corresponding author?**
   - Yes
   - ☑ No
   **Corresponding Author’s Name**
   Janet H. Van Cleave

5. **Manuscript Title**
   The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. **Manuscript Identifying Number (if you know it)**
   mHealth-19-250

## Section 2. The Work Under Consideration for Publication

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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

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?

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Section 6. Disclosure Statement

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

NP. Kusche 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)  
   Mark S.  

2. Surname (Last Name)  
   Persky  

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Janet H. Van Cleave

5. Manuscript Title  
   The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   ☑ No

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Dr. Persky 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)  
Zujun  

2. Surname (Last Name)  
Li  

3. Date  
11-May-2020  

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

Corresponding Author’s Name  
Janet H. Van Cleave  

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions  

6. Manuscript Identifying Number (if you know it)  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Adam
2. Surname (Last Name) Jacobson
3. Date 11-May-2020

4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name Janet H. Van Cleave

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
   mHealth-19-250

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kenneth S.

2. Surname (Last Name)  
   Hu

3. Date  
   11-May-2020

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

   Corresponding Author’s Name  
   Janet H. Van Cleave

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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   - [X] No

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   - [X] No

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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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Dr. Hu 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) Michael J.
2. Surname (Last Name) Persky
3. Date 11-May-2020
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions
6. Manuscript Identifying Number (if you know it) mHealth-19-250

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<td>Eva</td>
<td>Liang</td>
<td>11-May-2020</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Janet H. Van Cleave

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Section 1. Identifying Information

1. Given Name (First Name) Patricia M.
2. Surname (Last Name) Corby
3. Date 11-May-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions
6. Manuscript Identifying Number (if you know it) mHealth-19-250

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1. Given Name (First Name)  
Brian L.

2. Surname (Last Name)  
Egleston

3. Date  
11-May-2020

4. Are you the corresponding author?  
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Janet H. Van Cleave

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Dr. Egleston reports grants from U.S.A. National Institutes of Health/National Cancer Institute, during the conduct of the study.

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