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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Simone

2. Surname (Last Name)  
Skeen

3. Date  
21-April-2020

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
mHealth for transgender and gender-expansive youth: Harnessing gender-affirmative cross-disciplinary innovations to advance the field

6. Manuscript Identifying Number (if you know it)  
mHealth-2019-TIHPC-07(mHealth-20-60)

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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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✔ Yes  
No

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. Skeen has nothing to disclose.

Evaluation and Feedback

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<th>1. Given Name (First Name)</th>
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<td>3. Date</td>
<td>11-May-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>[ ] Yes [ ] No</td>
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</tbody>
</table>

Corresponding Author's Name: Simone Skeen

5. Manuscript Title
mHealth for transgender and gender-expansive youth: Harnessing gender-affirmative cross-disciplinary innovations to advance the field

6. Manuscript Identifying Number (if you know it)
mHealth-20-60

### 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.)?

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Dr. Cain has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kristi
2. Surname (Last Name)  Gamarel
3. Date  20-April-2020
4. Are you the corresponding author?  □ Yes  ✔ No  
   Corresponding Author's Name  Simone Skeen

5. Manuscript Title  mHealth for transgender and gender-expansive youth: Harnessing gender-affirmative cross-disciplinary innovations to advance the field
6. Manuscript Identifying Number (if you know it)  mHealth-20-60

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Hightow-Weidman
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   Hightow-Weidman

3. Date  
   13-May-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   mHealth for transgender and gender-expansive youth: Harnessing gender-affirmative cross-disciplinary innovations to advance the field

6. Manuscript Identifying Number (if you know it)  
   mHealth-20-60

**Corresponding Author's Name**  
Simone Skeen

---

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Are there any relevant conflicts of interest?  
Yes

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

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Section 1. Identifying Information

1. Given Name (First Name) Cathy
2. Surname (Last Name) Reback
3. Date 11-May-2020
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Simone Skeen

5. Manuscript Title
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