ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**  
   11-June-2020

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

5. **Manuscript Title**  
   Scale up mHealth HIV interventions: Site and public health perspective and lessons learned from development of P3, a mobile app for PrEP adherence.

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

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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Dr. Paul reports grants from University of North Carolina, during the conduct of the study;

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Marne

2. Surname (Last Name)  
   Castillo

3. Date  
   15-June-2020

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

5. Manuscript Title  
   Scale up mHealth HIV interventions: Site and public health perspective and lessons learned from development of P3, a mobile app for PrEP adherence.

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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.

Dr. Castillo has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)** Patricia
2. **Surname (Last Name)** Emmanuel
3. **Date** 15-June-2020
4. Are you the corresponding author?  
   - [ ] Yes  
   - ✔️ No  
   
   **Corresponding Author’s Name**  
   Mary Paul

5. **Manuscript Title**  
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Dr. Emmanuel has nothing to disclose.

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<tr>
<td>Jose</td>
<td>Bauermeister</td>
<td>11-June-2020</td>
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4. Are you the corresponding author? ☑ Yes ☐ No

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Dr. Bauermeister has nothing to disclose.

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<td>Mena</td>
<td>11-June-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

Corresponding Author’s Name  
Mary E. Paul, MD

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<td>National Institute of Health/Univ of North Carolina</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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?  
☐ Yes  ✔ No

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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1. Identifying information.

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<td>Sullivan</td>
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<th>4. Are you the corresponding author?</th>
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<th>✔ No</th>
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<tr>
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<td></td>
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<td>Scale up mHealth HIV interventions: Site and public health perspective and lessons learned from development of P3, a mobile app for PrEP adherence.</td>
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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

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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1. Given Name (First Name)  
Lisa

2. Surname (Last Name)  
Hightow-Weidman

3. Date  
14-June-2020

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☑ Yes  ☐ No

Corresponding Author’s Name  
Mary Paul

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