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)  
   Margo

2. Surname (Last Name)  
   Turnbull

3. Date  
   27-August-2020

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

5. Manuscript Title  
   mHealth in hyper-connected Hong Kong

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?  
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   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Turnbull has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   YING  

2. Surname (Last Name)  
   JIN  

3. Date  
   06-August-2020  

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Margo Turnbull  

5. Manuscript Title  
   mHealth in hyper-connected Hong Kong  

6. Manuscript Identifying Number (if you know it)  
   mHealth-20-123

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Dr. JIN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
HOI YING ALICE

2. Surname (Last Name)  
YAU

3. Date  
09-August-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name
Margo Turnbull

5. Manuscript Title  
mHealth in hyper-connected Hong Kong

6. Manuscript Identifying Number (if you know it)  
mHealth-20-123

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Dr. YAU has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Shun Yun Maggie

2. Surname (Last Name)  
   Lai

3. Date  
   08-October-2020

4. Are you the corresponding author?  
   [ ] Yes  [x] No
   Corresponding Author’s Name  
   Margo Turnbull

5. Manuscript Title  
   mHealth in hyper-connected Hong Kong

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Dr. Lai has nothing to disclose.

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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yin Chi</td>
<td>Cheung</td>
<td>10-August-2020</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Margo Turnbull</td>
</tr>
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5. Manuscript Title
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Dr. Cheung has nothing to disclose.

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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.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Wing Yau Wendy
2. Surname (Last Name)  
   KWAN
3. Date  
   10-August-2020
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Margo Turnbull
5. Manuscript Title  
   mHealth in hyper-connected Hong Kong
6. Manuscript Identifying Number (if you know it)  
   mHealth-20-123

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ✔ No

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Dr. KWAN has nothing to disclose.

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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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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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1. Given Name (First Name) Bernadette
2. Surname (Last Name) Watson
3. Date 07-August-2020
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Margo Louise Turnbull

5. Manuscript Title
mHealth in hyper-connected Hong Kong

6. Manuscript Identifying Number (if you know it)
mHealth-20-123

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Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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