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)  
   Sabrina Anne

2. Surname (Last Name)  
   Jacob

3. Date  
   17-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Design suggestions for an mHealth app to facilitate communication between pharmacists and the Deaf: perspective of the Deaf community (HEARD Project)

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?  
   ✔ No

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Are there any relevant conflicts of interest?  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ 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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Jacob reports  In addition, Dr. Jacob has a patent DITE (TM2018019083) issued.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Elizabeth Yie-Chuen  
2. **Surname (Last Name)**  
   Chong  
3. **Date**  
   17-April-2020  
4. **Are you the corresponding author?**  
   Yes □  No ✔  
5. **Manuscript Title**  
   Design suggestions for an mHealth app to facilitate communication between pharmacists and the Deaf: perspective of the Deaf community (HEARD Project)  
6. **Manuscript Identifying Number (if you know it)**  
   mHealth-19-200B  
   Corresponding Author’s Name  
   Sabrina Anne Jacob

## 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  ✔ No

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Section 6. Disclosure Statement

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Dr. Chong has nothing to disclose.

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<td>Soo Leng</td>
<td>Goh</td>
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4. Are you the corresponding author?  

- Yes ☑  
- No  

5. Manuscript Title  
Design suggestions for an mHealth app to facilitate communication between pharmacists and the Deaf: perspective of the Deaf community
6. Manuscript Identifying Number (if you know it)  
mHealth-19-2008

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Dr. Goh has nothing to disclose.

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1. Given Name (First Name) Uma Devi
2. Surname (Last Name) Palanisamy
3. Date 17-April-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Sabrina Anne Jacob
5. Manuscript Title
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