

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) Lisa	2. Surname (Last Name) Hightow-Weidman	3. Date 11-May-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Engaging Youth in mHealth: What works and how can we be sure?		
6. Manuscript Identifying Number (if you know it) mHealth-20-48		

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NICHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U19 HD089881

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

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1. Given Name (First Name) Keith	2. Surname (Last Name) Horvath	3. Date 12-May-2020
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1. Given Name (First Name) Hyman 2. Surname (Last Name) Scott 3. Date 11-May-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lisa Hightow-Weidman

5. Manuscript Title
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1. Given Name (First Name) Jonathan	2. Surname (Last Name) Hill-Rorie	3. Date 12-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lisa Hightow-Weidman
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