

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Kristin

2. Surname (Last Name)

Heron

3. Date

15-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Evaluating Study Procedure Training Methods for a Remote Daily Diary Study of Sexual Minority Women

6. Manuscript Identifying Number (if you know it)

mHealth-20-116

Section 2. The Work Under Consideration for Publication

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I am a member of the Editorial Board of the journal mHealth.

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Dr. Heron reports that she is a member of the Editorial Board of the journal mHealth..

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Section 1. Identifying Information

1. Given Name (First Name)

Abby

2. Surname (Last Name)

Braitman

3. Date

15-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kristin Heron

5. Manuscript Title

Evaluating Study Procedure Training Methods for a Remote Daily Diary Study of Sexual Minority Women

6. Manuscript Identifying Number (if you know it)

mHealth-20-116

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Dr. Braitman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Charlotte

2. Surname (Last Name)
Dawson

3. Date
15-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kristin Heron

5. Manuscript Title
Evaluating Study Procedure Training Methods for a Remote Daily Diary Study of Sexual Minority Women

6. Manuscript Identifying Number (if you know it)
mHealth-20-116

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Ms. Dawson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Rachel

2. Surname (Last Name)

MacIntyre

3. Date

15-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kristin Heron

5. Manuscript Title

Evaluating Study Procedure Training Methods for a Remote Daily Diary Study of Sexual Minority Women

6. Manuscript Identifying Number (if you know it)

mHealth-20-116

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Lindsay

2. Surname (Last Name)

Howard

3. Date

15-July-2020

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Yes No

Corresponding Author's Name

Kristin Heron

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Mrs. Howard has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Robin

2. Surname (Last Name)

Lewis

3. Date

15-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Kristin Heron

5. Manuscript Title

Evaluating Study Procedure Training Methods for a Remote Daily Diary Study of Sexual Minority Women

6. Manuscript Identifying Number (if you know it)

mHealth-20-116

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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.)?

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Dr. Lewis has nothing to disclose.

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