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)  Lekshmi
2. Surname (Last Name)  Suseela Venugopal
3. Date  12-December-2020
4. Are you the corresponding author?  ✔ Yes  □ No

5. Manuscript Title
   A SYSTEMATIC REVIEW OF SMARTPHONE APPS FOR GASTRO-OESOPHAGEAL REFLUX DISEASE: THE NEED FOR REGULATION AND MEDICAL PROFESSIONAL INVOLVEMENT
6. Manuscript Identifying Number (if you know it)
   mHealth-20-126

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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

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  □ Yes  ✔ No
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Dr. Suseela Venugopal has nothing to disclose.

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<tr>
<td>Aya</td>
<td>Musbah</td>
<td>12-December-2020</td>
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4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Lekshmi Suseela Venugopal

5. Manuscript Title  
A SYSTEMATIC REVIEW OF SMARTPHONE APPS FOR GASTRO-OESOPHAGEAL REFLUX DISEASE: THE NEED FOR REGULATION AND MEDICAL PROFESSIONAL INVOLVEMENT

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Ms. Musbahi has nothing to disclose.

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<td>Shanmugam</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author's Name: Lekshmi Suseela Venugopal

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1. **Given Name (First Name)**
   - Bussa

2. **Surname (Last Name)**
   - Gopinath

3. **Date**
   - 12-December-2020

4. **Are you the corresponding author?**
   - No

   **Corresponding Author's Name**
   - Lekshmi Suseela Venugopal

5. **Manuscript Title**
   - A SYSTEMATIC REVIEW OF SMARTPHONE APPS FOR GASTRO-OESOPHAGEAL REFLUX DISEASE: THE NEED FOR REGULATION AND MEDICAL PROFESSIONAL INVOLVEMENT

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