

ICMJE DISCLOSURE FORM

Date: 2021.10.16

Your Name: Zheng Yin

Manuscript Title: User acceptance of wearable intelligent medical devices: through a modified unified theory of acceptance and use of technology

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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<p>I certify that I have answered every question and have not altered the wording of any of the questions on form.</p>
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Date: 2021.10.16

Your Name: Jiayu Yan

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Your Name: Shengyu Fang

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