

ICMJJE DISCLOSURE FORM

Date: 10-01-2022

Your Name: Pamela Franco

Manuscript Title: A Chilean Survey of Perinatal Women and Health Care Professionals' Views Towards Perinatal Apps

Manuscript number (if known): mHealth-22-37

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ ANID - Millennium Science Initiative Program / Millennium Institute for Research on Depression and Personality-MIDAP	Received funding from the ANID - Millennium Science Initiative Program / Millennium Institute for Research on Depression and Personality-MIDAP ICS13_005 for article processing charges.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Agency for Research and Development (ANID)	Received funding from the Chilean National Agency for Research and Development (ANID) / Scholarship Program / National PhD / 2019-21190745.

3	Royalties or licenses	___ None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 30-12-2022

Your Name: Marcia Olhaberry

Manuscript Title: A Chilean Survey of Perinatal Women and Health Care Professionals' Views Towards Perinatal Apps

Manuscript number (if known): mHealth-22-37

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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ICMJE DISCLOSURE FORM

Date: 30-12-2022

Your Name: Saskia Kelders

Manuscript Title: A Chilean Survey of Perinatal Women and Health Care Professionals' Views Towards Perinatal Apps

Manuscript number (if known): mHealth-22-37

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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	
5		_____ None	

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ICMJE DISCLOSURE FORM

Date: 30-12-2022

Your Name: Antonia Muzard

Manuscript Title: A Chilean Survey of Perinatal Women and Health Care Professionals' Views Towards Perinatal Apps

Manuscript number (if known): mHealth-22-37

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Agency for Research and Development (ANID)	Received funding from the Chilean National Agency for Research and Development (ANID) / Scholarship Program / National PhD / 2020–21200074.
3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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