

ICMJE DISCLOSURE FORM

Date: 02/13/2023

Your Name: Brittany Gluskin

Manuscript Title: COVID-19 Impacts and Videoconference Healthcare Preferences in Relation to Depression and Sexual Risk Behaviors Among Young Adults Assigned Female at Birth: A Cross-Sectional Study

Manuscript number (if known): mHealth-22-38

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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: February 13, 2023

Your Name: Maddie O’Connell

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Date: 2/13/2023

Your Name: Gretchen Falk

Manuscript Title: COVID-19 Impacts and Videoconference Healthcare Preferences in Relation to Depression and Sexual Risk Behaviors Among Young Adults Assigned Female at Birth: A Cross-Sectional Study

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Date: 02/13/2023

Your Name: Carly Guss

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