

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alastair

2. Surname (Last Name)
van Heerden

3. Date
14-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Drawing open the curtain on home-based interventions

6. Manuscript Identifying Number (if you know it)
mHealth-19-200A

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Dr. van Heerden has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Warren

2. Surname (Last Name)
Comulada

3. Date
16-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alastair Van Heerden

5. Manuscript Title
Drawing open the curtain on home-based interventions

6. Manuscript Identifying Number (if you know it)
mHealth-19-200A

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Sefki

2. Surname (Last Name)
Kolozali

3. Date
14-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alastair van Heerden

5. Manuscript Title
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1. Given Name (First Name) Brandon	2. Surname (Last Name) Kohrt	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alastair van Heerden
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