

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.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sabrina Anne 2. Surname (Last Name) Jacob 3. Date 17-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Design suggestions for an mHealth app to facilitate communication between pharmacists and the Deaf: perspective of the Deaf community (HEARD Project)

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

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
DITE (TM2018019083)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Section 6. Disclosure Statement

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Dr. Jacob reports In addition, Dr. Jacob has a patent DITE (TM2018019083) issued.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth Yie-Chuen

2. Surname (Last Name)
Chong

3. Date
17-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sabrina Anne Jacob

5. Manuscript Title
Design suggestions for an mHealth app to facilitate communication between pharmacists and the Deaf: perspective of the Deaf community (HEARD Project)

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

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Dr. Chong has nothing to disclose.

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1. Given Name (First Name)
Soo Leng

2. Surname (Last Name)
Goh

3. Date
17-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Design suggestions for an mHealth app to facilitate communication between pharmacists and the Deaf: perspective of the Deaf community

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Dr. Goh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Uma Devi	2. Surname (Last Name) Palanisamy	3. Date 17-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabrina Anne Jacob
5. Manuscript Title Design suggestions for an mHealth app to facilitate communication between pharmacists and the Deaf: perspective of the Deaf community (HEARD Project)		
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Dr. Palanisamy reports In addition, Dr. Palanisamy has a patent DITE (TM2018019083) issued.

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