

## 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)  
Tyra

2. Surname (Last Name)  
Pendergrass Boomer

3. Date  
20-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Videogame Intervention to Encourage HIV Testing and Counseling among Adolescents

6. Manuscript Identifying Number (if you know it)  
mHealth-19-107-R2

### Section 2. The Work Under Consideration for Publication

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Dr. Pendergrass Boomer 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) Kimberly	2. Surname (Last Name) Hieftje	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tyra Pendergrass
5. Manuscript Title Videogame Intervention to Encourage HIV Testing and Counseling among Adolescents		
6. Manuscript Identifying Number (if you know it) mHealth-19-107-R2		

### Section 2. The Work Under Consideration for Publication

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Dr. Hieftje has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Lindsay

2. Surname (Last Name)  
Duncan

3. Date  
16-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Tyra Pendergrass

5. Manuscript Title  
Videogame Intervention to Encourage HIV Testing and Counseling among Adolescents

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tyra Pendergrass Boomer
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