



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maged N.

2. Surname (Last Name)
Kamel Boulos

3. Date
16/04/2020

4. Are you the corresponding author? Yes No

5. Manuscript Title

Mobile physical activity planning and tracking: a brief overview of current options and desiderata for future solutions

6. Manuscript Identifying Number (if you know it)
mHealth-19-165

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kamel Boulos has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name) Stephen P.	2. Surname (Last Name) Yang	3. Date 16/04/2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maged N. Kamel Boulos
5. Manuscript Title Mobile physical activity planning and tracking: a brief overview of current options and desiderata for future solutions		
6. Manuscript Identifying Number (if you know it) mHealth-19-165		

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