

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Povalties: Funds are coming in to you or your institution due to you



Section 1.	Identifying Inform	mation		
1. Given Name (Fir Jenny	st Name)	2. Surname (Last Name) Rickardsson	3. Date 16-April-2020	
4. Are you the corr	esponding author?	✓ Yes No		

5. Manuscript Title

Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients

6. Manuscript Identifying Number (if you know it)

mHealth-19-241

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

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AFA Insurance	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

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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



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Rickardsson reports grants from AFA Insurance, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Vendela	irst Name)	2. Surname (Last Name) Zetterqvist	3. Date 17-April-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson	
		ommitment Therapy (iACT) for chronic pain - feasibility and preliminary effe	ects in
6. Manuscript Ide mHealth-19-241	ntifying Number (if you	know it)		

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Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	\checkmark	No



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Dr. Zetterqvist has nothing to disclose.

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1. Given Name (Fi Charlotte	rst Name)	2. Surname (Last Name) Gentili	3. Date 17-April-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson
5. Manuscript Title Internet-delivere clinical and self-1	ed Acceptance and Co	ommitment Therapy (iACT,	for chronic pain – feasibility and preliminary effects in
6. Manuscript Ider mHealth-19-241	ntifying Number (if you l	know it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No
	1 1		•	



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Dr. Gentili has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (F Erik	irst Name)	2. Surname (Last Name) Andersson	3. Date 23-March-2020
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl		ammitmant Thorany (iACT) for chronic n	ain - feasibility and proliminary offects in

Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients

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mHealth-19-241

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Royalties from a book on health anxiety		\checkmark				

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



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Dr. Andersson reports personal fees from Royalties from a book on health anxiety, outside the submitted work; .

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1. Given Name (Fi Linda	rst Name)	2. Surname (Last Name) Holmström	3. Date 20-April-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Linda Holmström
		ommitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in
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Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	; 🖌 No	С
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🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No
	1 1		•	



Section 5. Relationships not covered above

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Dr. Lekander has nothing to disclose.

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1. Given Name (Fii Malin	rst Name)	2. Surname (Last Name) Persson	3. Date 17-April-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson
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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jan	2. Surname (Last Name) Persson		Date April-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson	
 Manuscript Title Internet-delivered acceptance and conclinical and self-referred patients Manuscript Identifying Number (if you k 		or chronic pain—feasibility and	preliminary effects in
Section 2. The Work Under C	onsideration for Publ	cation	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	✓ No)
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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Dahlia Behandlingsutvärdering AB				\checkmark	Shareholder	-
Pear Therapeutics Inc				\checkmark	License fees	

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



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Dr. Ljótsson reports other from Dahlia Behandlingsutvärdering AB, other from Pear Therapeutics Inc, outside the submitted work; .

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mHealth-19-241

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AFA Insurance	\checkmark					
ALF grant provided by the Stockholm County Council	\checkmark					

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Clinical research appointment provided by the Stockholm County Council	\checkmark					



Section 4. Intellectual Property -- Patents & Copyrights

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