

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Parya

2. Surname (Last Name)
Saber

3. Date
06-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
We Are Family: Designing and Developing a Mobile Health Application for the San Francisco Bay Area House Ball and Gay Families Communities

6. Manuscript Identifying Number (if you know it)
mHealth-19-234

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Section 1. Identifying Information

1. Given Name (First Name)
Beth

2. Surname (Last Name)
Berrean

3. Date
06-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Parya Saberi

5. Manuscript Title
We Are Family: Designing and Developing a Mobile Health Application for the San Francisco Bay Area House Ball and Gay Families Communities

6. Manuscript Identifying Number (if you know it)
mHealth-19-234

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1. Given Name (First Name)
Cynthia

2. Surname (Last Name)
Milionis

3. Date
06-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Parya Saberi

5. Manuscript Title
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Jeffrey

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Wong

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06-April-2020

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Yes No

Corresponding Author's Name
Parya Saberi

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Emily

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Arnold

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06-April-2020

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