

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Katherine

2. Surname (Last Name)

Connelly

3. Date

04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Blaine Reeder

5. Manuscript Title

Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)

mHealth-19-253

Section 2. The Work Under Consideration for Publication

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Dr. Connelly has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Haley

2. Surname (Last Name)

Molchan

3. Date

01-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Blaine Reeder

5. Manuscript Title

Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)

mHealth-19-253

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Haley Molchan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Rashmi Ranjan

2. Surname (Last Name)

Bidanta

3. Date

30-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)

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Mr. Bidanta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Sudhanshu

2. Surname (Last Name)

Siddh

3. Date

03-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Blaine Reeder

5. Manuscript Title

Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)

mHealth-19-253

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Mr. Siddh has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Byron	2. Surname (Last Name) Lowens	3. Date 28-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Blaine Reeder
5. Manuscript Title Evaluation Framework for Selecting Wearable Activity Monitors for Research		
6. Manuscript Identifying Number (if you know it) mHealth-19-253		

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Section 1. Identifying Information

1. Given Name (First Name) Kelly	2. Surname (Last Name) Caine	3. Date 05-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Blaine Reeder
5. Manuscript Title Evaluation Framework for Selecting Wearable Activity Monitors for Research		
6. Manuscript Identifying Number (if you know it) mHealth-19-253		

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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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NSF 1405723

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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

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Dr. Caine reports a grant from NSF (1405723) during the conduct of the study .

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

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Section 1. Identifying Information

1. Given Name (First Name)
George

2. Surname (Last Name)
Demiris

3. Date
04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Blaine Reeder

5. Manuscript Title
Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)
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Dr. Demiris has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Katie 2. Surname (Last Name) Siek 3. Date 28-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Blaine Reeder

5. Manuscript Title
Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)
mHealth-19-253

Section 2. The Work Under Consideration for Publication

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National Science Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CI-New: Collaborative Research: HomeSHARE - Developing a Community Infrastructure for Home-based Smart Health Applications across Research Environments
National Science Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CI-P: Collaborative Research: HomeSHARE - Home-based Smart Health Applications across Research Environments
Indiana University	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Precision Health Initiative

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Dr. Siek reports grants from National Science Foundation, grants from National Science Foundation, grants from Indiana University, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Blaine

2. Surname (Last Name)

Reeder

3. Date

05-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Evaluation Framework for Selecting Wearable Activity Monitors for Research

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