

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sojib Bin

2. Surname (Last Name)

Zaman

3. Date

06-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sojib Bin Zaman

5. Manuscript Title

Feasibility of community health workers using a clinical decision support system to screen and monitor non-communicable diseases (NCDs) in resource-poor settings: study protocol

6. Manuscript Identifying Number (if you know it)

mHealth-19-258

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Dr. Zaman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Roger

2. Surname (Last Name)

Evans

3. Date

05-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sojib Zaman

5. Manuscript Title

Feasibility of community health workers using a clinical decision support system to screen and monitor non-communicable diseases (NCDs) in resource-poor settings: study protocol

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Section 1. Identifying Information

1. Given Name (First Name) Rajkumari	2. Surname (Last Name) Singh	3. Date 08-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sojib Bin Zaman
5. Manuscript Title Feasibility of community health workers using a clinical decision support system to screen and monitor non-communicable diseases (NCDs) in resource-poor settings: study protocol		
6. Manuscript Identifying Number (if you know it) mHealth-19-258		

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Section 1. Identifying Information

1. Given Name (First Name)

Akash

2. Surname (Last Name)

Singh

3. Date

08-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sojib Bin Zaman

5. Manuscript Title

Feasibility of community health workers using a clinical decision support system to screen and monitor non-communicable diseases (NCDs) in resource-poor settings: study protocol

6. Manuscript Identifying Number (if you know it)

mHealth-19-258

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Rajesh

2. Surname (Last Name)

Singh

3. Date

08-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sojib Bin Zaman

5. Manuscript Title

Feasibility of community health workers using a clinical decision support system to screen and monitor non-communicable diseases (NCDs) in resource-poor settings: study protocol

6. Manuscript Identifying Number (if you know it)

mHealth-19-258

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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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

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Dr. Singh has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Amanda

2. Surname (Last Name)

Thrift

3. Date

11-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sojib Bin Zaman

5. Manuscript Title

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Yes

No

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Dr. Thrift has nothing to disclose.

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