

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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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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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)

Terika

2. Surname (Last Name)

McCall

3. Date

19-August-2020

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

A systematic review of telehealth interventions for managing anxiety and depression in African American adults

6. Manuscript Identifying Number (if you know it)

mHealth-20-114

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

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

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Yes



No

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Section 6.

Disclosure Statement

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Dr. McCall has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)
Clinton

2. Surname (Last Name)
Bolton

3. Date
19-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Terika McCall

5. Manuscript Title

A systematic review of telehealth interventions for managing anxiety and depression in African American adults

6. Manuscript Identifying Number (if you know it)

mHealth-20-114

Section 2.

The Work Under Consideration for Publication

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

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Section 4.

Intellectual Property -- Patents & Copyrights

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Dr. Bolton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rebecca	2. Surname (Last Name) Carlson	3. Date 19-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Terika McCall
5. Manuscript Title A systematic review of telehealth interventions for managing anxiety and depression in African American adults		
6. Manuscript Identifying Number (if you know it) mHealth-20-114		

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Section 1.

Identifying Information

1. Given Name (First Name)

Saif

2. Surname (Last Name)

Khairat

3. Date

26-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Terika McCall

5. Manuscript Title

A systematic review of telehealth interventions for managing anxiety and depression in African American adults

6. Manuscript Identifying Number (if you know it)

mHealth-20-114

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Dr. Khairat has nothing to disclose.

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