

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lekshmi

2. Surname (Last Name)

Suseela Venugopal

3. Date

12-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A SYSTEMATIC REVIEW OF SMARTPHONE APPS FOR GASTRO-OESOPHAGEAL REFLUX DISEASE: THE NEED FOR REGULATION AND MEDICAL PROFESSIONAL INVOLVEMENT

6. Manuscript Identifying Number (if you know it)

mHealth-20-126

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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Suseela Venugopal 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) Aya	2. Surname (Last Name) Musbahi	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lekshmi Suseela Venugopal
5. Manuscript Title A SYSTEMATIC REVIEW OF SMARTPHONE APPS FOR GASTRO-OESOPHAGEAL REFLUX DISEASE: THE NEED FOR REGULATION AND MEDICAL PROFESSIONAL INVOLVEMENT		
6. Manuscript Identifying Number (if you know it) mHealth-20-126		

Section 2. The Work Under Consideration for Publication

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Ms. Musbahi has nothing to disclose.

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1. Given Name (First Name) Venkatesh	2. Surname (Last Name) Shanmugam	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lekshmi Suseela Venugopal
5. Manuscript Title A SYSTEMATIC REVIEW OF SMARTPHONE APPS FOR GASTRO-OESOPHAGEAL REFLUX DISEASE: THE NEED FOR REGULATION AND MEDICAL PROFESSIONAL INVOLVEMENT		
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Bussa

2. Surname (Last Name)

Gopinath

3. Date

12-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lekshmi Suseela Venugopal

5. Manuscript Title

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Mr. Gopinath has nothing to disclose.

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