

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Kelsey L.

2. Surname (Last Name)

Ford

3. Date

12-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"It depends:" A qualitative study on digital health academic-industry collaboration experiences

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Ford has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jenn	2. Surname (Last Name) Leifermann	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelsey L. Ford
5. Manuscript Title "It depends:" A qualitative study on digital health academic-industry collaboration experiences		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Leifermann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bruno	2. Surname (Last Name) Sobral	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelsey L. Ford
5. Manuscript Title "It depends:" A qualitative study on digital health academic-industry collaboration experiences		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Sobral has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) John K.	2. Surname (Last Name) Bennett	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelsey L. Ford
5. Manuscript Title "It depends:" A qualitative study on digital health academic-industry collaboration experiences		
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Section 1. Identifying Information

1. Given Name (First Name) Susan L	2. Surname (Last Name) Moore	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelsey L. Ford
5. Manuscript Title "It depends:" A qualitative study on digital health academic-industry collaboration experiences		
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1. Given Name (First Name) Sheana	2. Surname (Last Name) Bull	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelsey L. Ford
5. Manuscript Title "It depends:" A qualitative study on digital health academic-industry collaboration experiences		
6. Manuscript Identifying Number (if you know it) _____		

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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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Dr. Bull has nothing to disclose.

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