

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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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Cynthia	2. Surname (Last Name) Pelletier	3. Date 10-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caroline Rhéaume
5. Manuscript Title Using an Activity Tracker to Increase Motivation for Physical Activity in Patients with Type 2 Diabetes in Primary Care: A Randomized Pilot Trial		
6. Manuscript Identifying Number (if you know it) mHealth-20-154		

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Are there any relevant conflicts of interest? Yes No

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Dr. Pelletier 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)

Marie-Pierre

2. Surname (Last Name)

Gagnon

3. Date

10-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Caroline Rhéaume

5. Manuscript Title

Using an Activity Tracker to Increase Motivation for Physical Activity in Patients with Type 2 Diabetes in Primary Care: Randomized Pilot Trial

6. Manuscript Identifying Number (if you know it)

mHealth-20-154

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Natalie

2. Surname (Last Name)

Almeras

3. Date

14-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Caroline Rhéaume

5. Manuscript Title

Using an Activity Tracker to Increase Motivation for Physical Activity in Patients with Type 2 Diabetes in Primary Care: Randomized Pilot Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Almeras has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jean-Pierre	2. Surname (Last Name) Després	3. Date 11-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caroline Rhéaume
5. Manuscript Title Using an Activity Tracker to Increase Motivation for Physical Activity in Patients with Type 2 Diabetes in Primary Care: Randomized Pilot Trial		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal Investigator

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. Després reports grants from Canadian Institutes of Health Research, outside the submitted work; .

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Dr. Poirier has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Angelo	2. Surname (Last Name) Tremblay	3. Date 11-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caroline Rhéaume
5. Manuscript Title Using an activity tracker to increase motivation for physical activity in patients with Type 2 diabetes in primary care: Randomized Pilot Trial.		
6. Manuscript Identifying Number (if you know it)		

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

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Dr. Tremblay has nothing to disclose.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christian

2. Surname (Last Name)

Chabot

3. Date

11-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Caroline Rhéaume

5. Manuscript Title

"Using an Activity Tracker to Increase Motivation for Physical Activity in Patients with Type 2 Diabetes in Primary Care: Randomized Pilot Trial"

6. Manuscript Identifying Number (if you know it)

mHealth-20-154

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 1. Identifying Information

1. Given Name (First Name)

Caroline

2. Surname (Last Name)

Rhéaume

3. Date

10-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Using an Activity Tracker to Increase Motivation for Physical Activity in Patients with Type 2 Diabetes in Primary Care: A Randomized

6. Manuscript Identifying Number (if you know it)

mHealth-20-154

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