Date: <u>24-08-2021</u>	
Your Name: <u>Ma</u>	hima Kaur
Manuscript Title:	Apps on Google Play Store to assist in self-management of Hypertension in Indian
context: Features ar	nalysis study
Manuscript number	(if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
			planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
	Tinancial interests		
Plea	ase summarize the above co	nflict of interest in the	following box:
N	lone.		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 24-08-202	21
Your Name:	Harpreet Kaur
Manuscript Title	e: Apps on Google Play Store to assist in self-management of Hypertension in Indian
context: Feature	es analysis study
Manuscript nun	nber (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	All according to the control of		planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
U	testimony	X_NOTIE	
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7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNONE	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
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N	lone.		
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_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16 th August, 2021	
Your Name: Surbhi Rathi _	
Manuscript Title: Apps or	n Google Play Store to assist in self-management of Hypertension in Indian context
Features analysis study	
Manuscript number (if kno	own):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	x None	
,	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
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7	Support for attending	x None	
,	meetings and/or travel		
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8	Patents planned, issued or	xNone	
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9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	x None	
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
12		xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests	^NOTIC	
	iniancial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:
	None		

__X __I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Please place an "X" next to the following statement to indicate your agreement:

Date: Aug. 17 th , 2021	_
Your Name: Manikyarao Ashwitha	
Manuscript Title: _Apps on Google Play Store to assist in self-management of Hypertension in Indian conte	ext: Features
analysis study	
Manuscript number (if known):	_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above cor	iflict of interest in the follow	ving box:	
	lone.			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: August 17 th , 2021	_
Your Name: Jenifer E Joanna	_
Manuscript Title: Apps on Google Play Store to assist in self-management of Hypertension in Indian context: Fea analysis study.	ture
Manuscript number (if known):	_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
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PIE	ase summarize the above of	onflict of interest in the fol	iowing box:
	N		
	None		

_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>23/08/21</u>	
Your Name: M. Srinitya Reddy	
Manuscript Title: <u>Apps on Google Play Store to assist in self-management of Hypertension in Indian contex</u> analysis study	ct: Features
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

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	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
_		V. None	
	Payment for expert	XNone	
	testimony		
	Command for additional time.	V None	
	Support for attending meetings and/or travel	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	_XNone	
	pending		
)	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
_	group, paid or unpaid		
1	Stock or stock options	_XNone	
_	Descript of annions and	V. Nana	
	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
_	Other financial or non-	X None	
	financial interests	XNOTIE	
	Haliciai lillerests		

_X__I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Aug. 17 th , 2021	
Your Name: Batul Idris	
Manuscript Title: _Apps on Google Play Store to assist in self-management of Hypertension in Indian context:	Features
analysis study	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	-		Pranting of the stork
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	XNone		
	testimony			
_				
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
L	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above cor	nflict of interest in the follow	ving box:	
	lone.			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Aug. 17 th ,2021
Your Name: D. Persis Myrtle
Manuscript Title: <u>Apps on Google Play Store to assist in self-management of Hypertension in Indian context: Feature</u>
analysis study
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	XNone	
	testimony		
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	Support for attending	XNone	
	meetings and/or travel		
	Patents planned, issued or	XNone	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board	V. Nava	
	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
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	services		
	Other financial or non-	XNone	
	financial interests		
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Aug. 17 th , 2021	
Your Name: Sarvani Kandamuru	
Manuscript Title: Apps on Google Play Store to assist in self-management of Hype	ertension in Indian context: Features
analysis study	
Manuscript number (if known):	

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		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
l N	lone.			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 24-08-2021	
Your Name: Sar	a Fatima
Manuscript Title:	Apps on Google Play Store to assist in self-management of Hypertension in Indian
context: Features a	nalysis study
Manuscrint number	(if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
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7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V None	
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
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12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:
N	one.		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>24-08-2021</u>	
Your Name: As	shish Joshi
Manuscript Title: _	Apps on Google Play Store to assist in self-management of Hypertension in Indian
context: Features	analysis study
Manuscript number	er (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nana	
6 Payment for expert testimony	Payment for expert	XNone	
7	Support for attending	X None	
′	meetings and/or travel		
	meetings and/or travel		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descipt of equipment	V. None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_XNone	
	services		
13	Other financial or non-	X None	
	financial interests		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.