

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Anam

2. Surname (Last Name)
Feroz

3. Date
22-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Feasibility of mHealth intervention to improve uptake of antenatal and postnatal care services in peri-urban areas of Karachi: a

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Xiong has nothing to disclose. Dr. Feroz has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Narjis	2. Surname (Last Name) Rizvi	3. Date 22-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anam Feroz
5. Manuscript Title Feasibility of mHealth intervention to improve uptake of antenatal and postnatal care services in peri-urban areas of Karachi: a		
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1. Given Name (First Name)
Saleem

2. Surname (Last Name)
Sayani

3. Date
22-October-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Anam Feroz

5. Manuscript Title
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