

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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)
Kristin A.

2. Surname (Last Name)
Kullgren

3. Date
02-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Do mHealth interventions at the bedside work?—a pilot intervention for pediatric patients admitted with pain complaints

6. Manuscript Identifying Number (if you know it)

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 6. Disclosure Statement

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Dr. Brown has nothing to disclose. Dr. Kullgren has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Christina

2. Surname (Last Name)
Limke

3. Date
02-April-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kristin A. Kullgren

5. Manuscript Title
Do mHealth interventions at the bedside work?—a pilot intervention for pediatric patients admitted with pain complaints

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Emily M.	2. Surname (Last Name) Fredericks	3. Date 02-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristin A. Kullgren
5. Manuscript Title Do mHealth interventions at the bedside work?—a pilot intervention for pediatric patients admitted with pain complaints		
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Terri

2. Surname (Last Name)
Voepel-Lewis

3. Date
02-April-2018

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Yes No

Corresponding Author's Name
Kristin A. Kullgren

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