

Instructions

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Section 1. Identifying Info	mation	
1. Given Name (First Name) Paolo G.	2. Surname (Last Name) Sogono	3. Date 12-April-2018
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Functionality and end-user acceptab mobile symptom monitoring system	lity of the Internet-based Computerized I	Patient Assessment System (iComPAsS), a

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?	Yes
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•		ity of the Internet-based	Computerized Patient Assessment System (iComPAsS), a
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•		ity of the Inte	rnet-based Co	omputerized Patient Assess	ment System (iComPAsS), a
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Yes

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	✓ No)
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sy Ortin has nothing to disclose.

Evaluation and Feedback