

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Norah

2. Surname (Last Name)

Crossnohere

3. Date

10-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Patient Preferences for Health Information Technologies: A Systematic Review

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Crossnohere has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Brent

2. Surname (Last Name)

Weiss

3. Date

10-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Norah Crossnohere

5. Manuscript Title

Patient Preferences for Health Information Technologies: A Systematic Review

6. Manuscript Identifying Number (if you know it)

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Yes

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Dr. Weiss has nothing to disclose.

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1. Given Name (First Name)

Sarah

2. Surname (Last Name)

Hyman

3. Date

10-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Norah Crossnohere

5. Manuscript Title

Patient Preferences for Health Information Technologies: A Systematic Review

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1. Given Name (First Name)

John

2. Surname (Last Name)

Bridges

3. Date

10-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Norah Crossnohere

5. Manuscript Title

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