

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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) Stacey 2. Surname (Last Name) Crane 3. Date 19-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Challenges in the implementation of electronic systems for patient-reported symptom assessments: A scoping review

6. Manuscript Identifying Number (if you know it)
JHMHP-20-108

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cancer Prevention and Research Institute of Texas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summer Research Experience Grant
St. Baldrick's Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scholars Award

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Crane reports grants from Cancer Prevention and Research Institute of Texas and from St. Baldrick's Foundation, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Karen

2. Surname (Last Name)

Gibbs

3. Date

20-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Stacey Crane

5. Manuscript Title

Challenges in the implementation of electronic systems for patient-reported symptom assessments: A scoping review

6. Manuscript Identifying Number (if you know it)

JHMHP-20-108

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Dr. Gibbs has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Nosich

3. Date
20-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Stacey Crane

5. Manuscript Title
Challenges in the implementation of electronic systems for patient-reported symptom assessments: A scoping review

6. Manuscript Identifying Number (if you know it)
JHMHP-20-108

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Cancer Prevention and Research Institute of Texas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Rebecca Nosich reports a grant from the Cancer Prevention and Research Institute of Texas, during the conduct of the review.

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Section 1. Identifying Information

1. Given Name (First Name)

Yijiong

2. Surname (Last Name)

Yang

3. Date

19-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Stacey Crane

5. Manuscript Title

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Dr. Yang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Elizabeth

2. Surname (Last Name)

Pawelek

3. Date

19-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Stacey Crane

5. Manuscript Title

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Elizabeth Pawelek has nothing to disclose.

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