ICMJE Form for Disclosure of Potential Conflicts of Interest

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Mobbs
# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)
   Ralph

2. Surname (Last Name)
   Mobbs

3. Date
   17-July-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title
   COVID-19 is shifting the adoption of Wearable monitoring and Telemedicine ('WearTel') in the delivery of healthcare

6. Manuscript Identifying Number (if you know it)
   ATM-20-3678-R1

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**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

---

**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. Mobbs 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)  Daniel
2. Surname (Last Name)  Ho
3. Date  18-July-2020
4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title  COVID-19 is shifting the adoption of Wearable monitoring and Telemedicine ('WearTel') in the delivery of healthcare
6. Manuscript Identifying Number (if you know it)  ATM-20-3678-R1

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. Ho 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) Wen Jie
2. Surname (Last Name) Choy
3. Date 18-July-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name Ralph Mobbs

5. Manuscript Title
COVID-19 is shifting the adoption of Wearable monitoring and Telemedicine ('WearTel') in the delivery of healthcare
6. Manuscript Identifying Number (if you know it)
ATM-20-3678-R1

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Dr. Choy has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Callum

2. Surname (Last Name)  
   Betteridge

3. Date  
   18-July-2020

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   COVID-19 is shifting the adoption of Wearable monitoring and Telemedicine (‘WearTel’) in the delivery of healthcare

6. Manuscript Identifying Number (if you know it)  
   ATM-20-3678-R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Henry

2. Surname (Last Name)  
   Lin

3. Date  
   18-July-2020

4. Are you the corresponding author?  
   ☑️ No

Corresponding Author's Name  
Ralph Mobbs

5. Manuscript Title  
COVID-19 is shifting the adoption of Wearable monitoring and Telemedicine ('WearTel') in the delivery of healthcare

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Dr. Lin has nothing to disclose.

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