

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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) Ronald | 2. Surname (Last Name) Gangnon | 3. Date 13-December-2016 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Corresponding Author's Name _____ | | |
| 5. Manuscript Title The Accuracy of LED-based Heart Rate Monitoring on Wrist-worn Activity Trackers | | |
| 6. Manuscript Identifying Number (if you know it) L16-0353 | | |

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

Section 3. Relevant financial activities outside the submitted work.

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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. Gangnon 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) Keith | 2. Surname (Last Name) Thraen-Borowski | 3. Date 13-December-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lisa Cadmus-Bertram |
| 5. Manuscript Title The Accuracy of LED-based Heart Rate Monitoring on Wrist-worn Activity Trackers | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Dr. Thraen-Borowski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jessica

2. Surname (Last Name)
Gorzeltz-Liebhauser

3. Date
13-December-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lisa Cadmus-Bertram

5. Manuscript Title
The Accuracy of LED-based Heart Rate Monitoring on Wrist-worn Activity Trackers

6. Manuscript Identifying Number (if you know it)
L16-0353

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Ms. Gorzelitz-Liebhauser has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Cadmus-Bertram

3. Date

13-December-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

L16-0353

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Dr. Cadmus-Bertram has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Emily | 2. Surname (Last Name) Wirkus | 3. Date 20-December-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lisa Cadmus-Bertram |
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