



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Eve      2. Surname (Last Name) GLAZIER      3. Date 9/23/14

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
MFit: The Mobile Fitness Study A Randomized, Controlled Trial of a

6. Manuscript Identifying Number (if you know it)  
M13-3005      *Smart Phone Application for Weight Loss in Primary Care.*

### 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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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     No

### Section 4. Intellectual Property -- Patents & Copyrights

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Laing

3. Date  
23-September-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
mFit: The Mobile Fitness Study A Randomized, Controlled Trial of a Smartphone Application for Weight Loss in Primary Care

6. Manuscript Identifying Number (if you know it)  
M13-3005

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Dr. Laing 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)  
Megha

2. Surname (Last Name)  
Mahida

3. Date  
25-September-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
"mFit: The Mobile Fitness Study A Randomized, Controlled Trial of a Smartphone Application for Weight Loss in Primary Care"

6. Manuscript Identifying Number (if you know it)  
M13-3005

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Megha Mahida 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) Donald	2. Surname (Last Name) Morisky	3. Date 26-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Y. Liang
5. Manuscript Title mFit: The Mobile Fitness Study: A Randomized Controlled Trial of a Smartphone Application for Weight Loss in Primary Care		
6. Manuscript Identifying Number (if you know it) _____		

### Section 2. The Work Under Consideration for Publication

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Dr. Morisky 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) Ekaterina	2. Surname (Last Name) Vaisberg	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Yoshi Liang
5. Manuscript Title mFit: The Mobile Fitness Study A Randomized, Controlled Trial of a Smartphone Application for Weight Loss in Primary Care		
6. Manuscript Identifying Number (if you know it) M13-3005		

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1. Given Name (First Name) Carol	2. Surname (Last Name) Mangione	3. Date 29-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Yoshio Laing
5. Manuscript Title mFit: The Mobile Fitness Study A Randomized, Controlled Trial of a Smartphone Application for Weight Loss in Primary Care		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) chi-hong	2. Surname (Last Name) tseng	3. Date 26-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian yoshio Laing
5. Manuscript Title mFit: The Mobile Fitness Study A Randomized, Controlled Trial of a Smartphone Application for Weight Loss in Primary Care		
6. Manuscript Identifying Number (if you know it)		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michelle	2. Surname (Last Name) Bholat	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshi Lang, MD, MPH
5. Manuscript Title mFit: The Mobile Fitness Study A Randomized, Controlled Trial of a Smartphone Application for Weight Loss in Primary Care		
6. Manuscript Identifying Number (if you know it) M13-3005		

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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. Bholat has nothing to disclose.

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1. Given Name (First Name) Douglas	2. Surname (Last Name) Bell	3. Date 26-September-2014
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Dr. Bell has nothing to disclose.

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1. Given Name (First Name) Mei	2. Surname (Last Name) Leng	3. Date 24-September-2014
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Dr. Leng has nothing to disclose.

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