

#### **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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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Case 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi L. Douglas	, ,	2. Surname (Last Name) Case		3. Date 24-January-2018		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam David Miller	ne		
	5. Manuscript Title Effect of a digital health intervention on receipt of colorectal cancer screening in vulnerable patients: a randomized, controlled trial					
6. Manuscript Ide M17-2315	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Public	ation			
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study des	nmercial, private foundation, etc.) for ign, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	e one line for each entity; ac	tionships (regardless of amount dd as many lines as you need by <b>onths prior to publication</b> .		
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No		

Case 2



Section 5. Relationships not covered above
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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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Case has nothing to disclose.

## **Evaluation and Feedback**

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Case 3



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Pignone 1



Section 1. Identifying Infor	mation					
1. Given Name (First Name) Michael						
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name				
5. Manuscript Title Effect of a digital health intervention on receipt of colorectal cancer screening in vulnerable patients: a randomized, controlled trial 6. Manuscript Identifying Number (if you know it) M17-2315						
WIT 2313	7-2313					
Section 2. The Work Under	Section 2. The Work Under Consideration for Publication					
Did you or your institution <b>at any time</b> 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  Volume  Yes						
Section 3. Relevant financia	l activities outside the su	ubmitted work.				
of compensation) with entities as desc	ribed in the instructions. Use eport relationships that were —	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.				
Section 4. Intellectual Prope	erty Patents & Copyrig	hts				
Do you have any patents, whether pla						

Pignone 2



Section 5. Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Pignone has nothing to disclose.

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Miller 1



Section 1.	ldentifying Inform	ation			
1. Given Name (Fii David	rst Name)	2. Surname (Last Nam Miller	e)		3. Date 02-February-2018
4. Are you the cor	responding author?	✓ Yes No			
	5. Manuscript Title Effect of a digital health intervention on receipt of colorectal cancer screening in vulnerable patients: a randomized, controlled trial				
6. Manuscript Ider M17-2315	ntifying Number (if you kn	ow it)			
	l				
Section 2.	The Work Under Co	nsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grant st? Yes N rmation below. If you	s, data monitoring	g board, study (	commercial, private foundation, etc.) for design, manuscript preparation, ress the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments
National Cancer Instit	tute	<b>V</b>			
Section 3.	Relevant financial a	activities outside tl	ne submitted	work.	
of compensation clicking the "Add Are there any rel	) with entities as descril   +" box. You should rep evant conflicts of intere	oed in the instructions ort relationships that st?	s. Use one line fo were <b>present d</b> lo	or each entity	relationships (regardless of amount ; add as many lines as you need by months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Cop	yrights		
Do you have any	patents, whether planr	ned, pending or issued	l, broadly releva	ant to the wor	k? Yes Vo

Miller 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Miller reports grants from National Cancer Institute, during the conduct of the study; .

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Miller 3



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Weaver 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Kathryn	rst Name)	2. Surname (Last Name Weaver	2)	3. Date 24-January	y-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding David Miller	g Author's Name	
5. Manuscript Title Effect of a digital health intervention on receipt of colorectal cancer screening in vulnerable patients: a randomized, controlled trial					randomized,
6. Manuscript Ider M17-2315	ntifying Number (if you kn	now it)			
Section 2.	The Work Under Co	onsideration for Pul	blication		
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	ubut not limited to grants est? Yes No estromation below. If you	, data monitoring bo	overnment, commercial, prio oard, study design, manuso ne entity press the "ADC	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial O	ther? Comments	
National Institutes of	Health	<b>✓</b>			
	l				
Section 3.	Relevant financial	activities outside th	e submitted wo	ork.	
of compensation clicking the "Add Are there any rel	) with entities as descri   +" box. You should repevant conflicts of intere	ibed in the instructions port relationships that v est?	. Use one line for e were <b>present duri</b> o	financial relationships (each entity; add as many ing the 36 months prio	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plani	ned, pending or issued	, broadly relevant	to the work? Yes	✓ No

Weaver 2



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Dr. Weaver reports grants from National Institutes of Health, during the conduct of the study; .

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Weaver 3



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Spangler 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi John	rst Name)	me) 2. Surname (Last Name) 3. Date Spangler 09-February-2018			
4. Are you the cor	responding author?	Yes ✓ No Corresponding Author's Name  David Miller			
5. Manuscript Title "Effect of a digital health intervention on receipt of colorectal cancer screening in vulnerable patients: a randomized, controlled trial"					
6. Manuscript Ider (M17-2315)	script Identifying Number (if you know it) 315)				
Section 2					
Section 2.	The Work Under C	onsideration for Publi	cation		
Did you or your institution <b>at any time</b> 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 rei	evant conflicts of intere	est?			
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of compensation clicking the "Add	n) with entities as descr I +" box. You should re	ibed in the instructions. U port relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .		
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No		

Spangler 2



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Dr. Spangler has nothing to disclose.

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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

Use this section to report 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.

#### Definitions.

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Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Lawler 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Donna	2. Surname (Last Name) Lawler	3. Date 23-January-2018		
4. Are you the corresponding author?	4. Are you the corresponding author?  Ves No			
5. Manuscript Title Effect of a digital health intervention or controlled trial"	n receipt of colorectal cancer screening in vulnerable	patients: a randomized,		
6. Manuscript Identifying Number (if you kr M17-2315	now it)			
Section 2. The Work Under Co	onsideration for Publication			
Did you or your institution <b>at any time</b> 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.			
of compensation) with entities as descri	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 r</b> est? Yes Vo	add as many lines as you need by		
Section 4. Intellectual Proper				
Intellectual Proper	rty Patents & Copyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Lawler 2



Section 5. Relationships not severed above
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
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Mrs. Lawler has nothing to disclose.

## **Evaluation and Feedback**

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

Lawler 3



#### **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.

# Identifying information.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### 3. Relevant financial activities outside the submitted work.

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Troyer 1



Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Jennifer		2. Surname (Last Nam Troyer	e)	3. Date 23-January-2018	
4. Are you the corresponding author?		Yes ✓ No	-	Corresponding Author's Name David Miller	
5. Manuscript Title Effect of a digital health intervention on receipt of colorectal cancer screening in vulnerable patients: a randomized, controlled trial					
6. Manuscript Identifying Number (if you know it) M17-2315					
	I				
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grantest? Yes Normation below. If you	s, data monitoring l	government, commercial, pr board, study design, manus one entity press the "ADI	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
National Institutes of	lational Institutes of Health				
	l				
Section 3.	Relevant financial	activities outside t	he submitted w	vork.	
of compensation clicking the "Adc Are there any rel	) with entities as descri	bed in the instructions  oort relationships that	s. Use one line for were <b>present du</b>	ve financial relationships reach entity; add as man r <b>ring the 36 months pric</b>	y lines as you need by
Section 4.	Intellectual Proper	ty Patents & Cop	yrights		
Do you have any	patents, whether plant	ned, pending or issued	d, broadly relevan	t to the work? Yes	✓ No

Troyer 2



Section 5. Polationships not severed above					
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):					
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Section 6					
Section 6. Disclosure Statement					
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Dr. Troyer reports grants from National Institutes of Health, during the conduct of the study; .					

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Troyer 3



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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Denizard-Thompson 1



Section 1.	Identifying Inform	nation				
Given Name (First Name)     Nancy		2. Surname (Last Name) Denizard-Thompson	3. Date 23-Janua	ary-2018		
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name David Miller			
5. Manuscript Title Effect of a digital health intervention on rec controlled trial		n receipt of colorectal cand	er screening in vulnerable patients: a	a randomized,		
6. Manuscript Identifying Number (if you know		now it)				
			_			
Section 2. The Work Under Consideration for Publication						
Did you or your institution <b>at any time</b> 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.			
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts			
Do you have any			oadly relevant to the work? Yes	✓ No		

Denizard-Thompson 2



Section 5. Polationships not sovered above					
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?					
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Section 6. Disclosure Statement					
Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Denizard-Thompson has nothing to disclose.					

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Denizard-Thompson 3