

## ICMJE DISCLOSURE FORM

**Date:** 10/16/2024

**Your Name:** Sharon Brennan

**Manuscript Title:** Technology-enabled remote monitoring for chronic obstructive pulmonary disease: findings from a rapid qualitative evaluation

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/8/2024

**Your Name:** Zuzanna Marciniak-Nuqui

**Manuscript Title:** Technology-enabled remote monitoring for chronic obstructive pulmonary disease: findings from a rapid qualitative evaluation

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2024

**Your Name:** Sonja Marjanovic

**Manuscript Title:** Technology-enabled remote monitoring for chronic obstructive pulmonary disease: findings from a rapid qualitative evaluation

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/7/2024

**Your Name:** Nikki Newhouse

**Manuscript Title:** Technology-enabled remote monitoring for chronic obstructive pulmonary disease: findings from a rapid qualitative evaluation

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/8/2024

**Your Name:** Agne Ulyte

**Manuscript Title:** Technology-enabled remote monitoring for chronic obstructive pulmonary disease: findings from a rapid qualitative evaluation

**Manuscript Number (if known):** Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 10/8/2024

**Your Name:** Jackie van Dael

**Manuscript Title:** Technology-enabled remote monitoring for chronic obstructive pulmonary disease: findings from a rapid qualitative evaluation

**Manuscript Number (if known):** Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 10/8/2024

**Your Name:** Sara Shaw

**Manuscript Title:** Technology-enabled remote monitoring for chronic obstructive pulmonary disease: findings from a rapid qualitative evaluation

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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	society, committee or advocacy group, paid or unpaid	<ul style="list-style-type: none"> <li>• Panel Member, NIHR Programme Grants for Applied Research (2023 -)</li> <li>•</li> <li>• -</li> <li>•</li> </ul>	All in my academic role and unpaid (aside from travel/expenses, where incurred)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.