

ICMJE DISCLOSURE FORM

Date: July, 12. 2024

Your Name: Aantaki Raisa

Manuscript Title: Not Just a Barbie in Hijab: Participant Perspectives on Culturally Tailoring a Virtual Health Assistant for Bangladeshi Immigrants in the US

Manuscript number (if known): mHealth-24-31

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	University of Florida College of Journalism and Communication's Graham Professional Development Fund	I received this grant as a co-PI in the project along with my PhD supervisor, Dr. Krieger, who was the PI on this project. The grant was worth \$10,000. The grant money was used for participant payment, interview transcription, and partially my stipend for a semester as a graduate assistant.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author receives funding from the University of Florida College of Journalism and Communication's Graham Professional Development Fund as a co-PI in the project.

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: July, 12. 2024

Your Name: Carla Fisher

Manuscript Title: Not Just a Barbie in Hijab: Participant Perspectives on Culturally Tailoring a Virtual Health Assistant for Bangladeshi Immigrants in the US

Manuscript number (if known): mHealth-24-31

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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ICMJE DISCLOSURE FORM

Date: July, 12. 2024

Your Name: Kazi Priyanka Silmi

Manuscript Title: Not Just a Barbie in Hijab: Participant Perspectives on Culturally Tailoring a Virtual Health Assistant for Bangladeshi Immigrants in the US

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Date: July, 12. 2024

Your Name: Jordan Alpert

Manuscript Title: Not Just a Barbie in Hijab: Participant Perspectives on Culturally Tailoring a Virtual Health Assistant for Bangladeshi Immigrants in the US

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Date: July, 12. 2024

Your Name: Carma Bylund

Manuscript Title: Not Just a Barbie in Hijab: Participant Perspectives on Culturally Tailoring a Virtual Health Assistant for Bangladeshi Immigrants in the US

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: July, 12. 2024

Your Name: Benjamin Lok

Manuscript Title: Not Just a Barbie in Hijab: Participant Perspectives on Culturally Tailoring a Virtual Health Assistant for Bangladeshi Immigrants in the US

Manuscript number (if known): mHealth-24-31

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	
		NSF	
		American Cancer Society	
		University of Pennsylvania	
3	Royalties or licenses	Elsevier	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	Ruben ANDers	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: July, 12. 2024

Your Name: Janice Krieger

Manuscript Title: Not Just a Barbie in Hijab: Participant Perspectives on Culturally Tailoring a Virtual Health Assistant for Bangladeshi Immigrants in the US

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	University of Florida College of Journalism and Communication’s Graham Professional Development Fund	I received this grant as a PI in the project along with my then PhD mentee, Dr. Raisa, who was a co- PI on this project. The grant was worth \$10,000. The grant money was used for participant payment, transcribing the interviews through third party, and Dr. Raisa’s partial stipend for a semester as my graduate assistant.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None NIH University of Pennsylvania	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

The author receives funding from the University of Florida College of Journalism and Communication's Graham Professional Development Fund as a PI, and grants from NIH and the University of Pennsylvania.

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

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