

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Lohr

3. Date  
01-May-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Daniel

5. Manuscript Title  
Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)  
m15-0498

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Lohr 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)  
Tracey

2. Surname (Last Name)  
Henry

3. Date  
04-February-2015

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Daniel

5. Manuscript Title  
Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)  
m15-0498

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Dr. Henry 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)

Thomas

2. Surname (Last Name)

Tape

3. Date

04-February-2015

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Hilary Daniel

5. Manuscript Title

Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)

M15-0498

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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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. Tape 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)

Shakaib

2. Surname (Last Name)

Rehman

3. Date

05-February-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Hilary Daniel

5. Manuscript Title

Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)

m15-0498

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Dr. Rehman has nothing to disclose.

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1. Given Name (First Name)

Micah

2. Surname (Last Name)

Beachy

3. Date

10-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Hiliary Daniel

5. Manuscript Title

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Gregory

2. Surname (Last Name)  
Hood

3. Date  
09-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Daniel

5. Manuscript Title  
Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)  
m15-0498

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hood 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)  
James

2. Surname (Last Name)  
Bush

3. Date  
10-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Hillary Daniel

5. Manuscript Title  
Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)  
m15-0498

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Dr. Bush 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)  
Hilary

2. Surname (Last Name)  
Daniel

3. Date  
18-February-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)  
M15-0498

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Daniel 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)  
Gregory

2. Surname (Last Name)  
Kane

3. Date  
04-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
07-04-2015

5. Manuscript Title  
Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians  
Position Paper

6. Manuscript Identifying Number (if you know it)  
M15-0498

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Douglas

2. Surname (Last Name)  
DeLong

3. Date  
09-February-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Daniel

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
m15-0498

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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. DeLong has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Darilyn

2. Surname (Last Name)  
Moyer

3. Date  
09-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title  
Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)  
m15-0498

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ashley

2. Surname (Last Name)

Minaei

3. Date

04-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Daniel

5. Manuscript Title

Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Policy Paper

6. Manuscript Identifying Number (if you know it)

m15-0498

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☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kenneth

2. Surname (Last Name)  
Olive

3. Date  
04-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title  
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### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sue

2. Surname (Last Name)  
Bornstein

3. Date  
15-June-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ryan Crowley

5. Manuscript Title  
The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

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Dr. Bornstein 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)

Lois

2. Surname (Last Name)

Snyder Sulmasy

3. Date

11-August-2015

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Hilary Daniel

5. Manuscript Title

Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M15-0498

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Are there any relevant conflicts of interest?

☐

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☒

No

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No

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☐

Yes

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No



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Ms. Snyder Sulmasy has nothing to disclose.

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