

Instructions

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2. The work under consideration for publication.

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

Barr 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Irwin	rst Name)	2. Surname (Last Name) Barr	3. Date 20-March-2019		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Mary Reed		
5. Manuscript Title Patient-Provider		tegrated with Clinical Care	e: Patient Experiences		
6. Manuscript Ider M18-3081	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
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					
Section 3.	Relevant financial	activities outside the s	submitted work.		
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Section 4.	Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Barr 2



Section 5.	
Deculon 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Barr has noth	ning to disclose.

Evaluation and Feedback

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

Barr 3



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patent

Millman 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Andrea	rst Name)	2. Surname (Last Name) Millman	3. Date 11-April-2019		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr. Mary Reed		
5. Manuscript Title Patient-Provider		tegrated with Clinical Care	:: Patient Experiences		
6. Manuscript Ider M18-3081	ntifying Number (if you kr	now it)			
			-		
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Millman 2



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✓ No other relationships/conditions/circumstances that present a potential conflict of interest	est
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, u On occasion, journals may ask authors to disclose further information about reported relation	•
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Millman 3



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Parikh, MD, FAAP



Section 1. Ide	ntifying Information				
1. Given Name (First Nar Rahul K.	,	ame (Last Name) MD, FAAP		3. Date 16-April-2019	
4. Are you the correspor	nding author? Yes	✓ No	Corresponding Author's Nam Dr. Mary Reed	ne	
5. Manuscript Title Patient-Provider Video	o Telemedicine Integrated	with Clinical Ca	re: Patient Experiences		
6. Manuscript Identifying M18-3081	g Number (if you know it)				
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Section 2. The	Work Under Consider	ation for Publ	ication		
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 Vo					
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Do you have any pater	nts, whether planned, pen	ding or issued, b	roadly relevant to the work?	☐ Yes 🗸 No	

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Wargon, DPM 1



1. Given Name (First Name) Craig 2. Surname (Last Name) Wargon, DPM 2. Are you the corresponding author? Yes ✓ No Corresponding Author's Name Dr. Mary Reed 5. Manuscript Title Patient-Provider Video Telemedicine Integrated with Clinical Care: Patient Experiences 6. Manuscript Identifying Number (if you know it) M18-3081 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 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 present during the 36 months prior to publication. Are there any relevant conflicts of interest? ✓ Yes ✓ No	Section 1. Ide	entifying Information				
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Wargon, DPM 2



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Huang 1



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4. Are you the corresponding author?	you the corresponding author? Yes Volume Yes Wary Reed				
5. Manuscript Title Patient-Provider Video Telemedicine In	tegrated with Clinical Care	e: Patient Experiences			
6. Manuscript Identifying Number (if you kr M18-3081	now it)				
Section 2. The Work Under Co	onsideration for Public	cation			
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Section 3. Polyvant financial					
Relevant financial	activities outside the s	submitted work.			
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Section 4. Intellectual Proper	rty Patents & Copyric	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No			

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Section 5. Relationships not solvered above
Relationships not covered above
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Pending: The patent has been filed but not issued

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

Reed 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Mary	rst Name)	2. Surname (Las Reed	t Name)		3. Date 08-March-20	019
4. Are you the cor	4. Are you the corresponding author? ✓ Yes No					
5. Manuscript Title Patient-Provider	e Video Telemedicine In	tegrated with Cli	nical Care: Patient Ex	periences		
6. Manuscript lder M18-3081	ntifying Number (if you kr	now it)				
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Section 3.	Relevant financial	activities outs	ide the submitted	work.		
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Section 5. Bolationships not sovered a	
Relationships not covered a	bove
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Ballard 1



Section 1. Ide	ntifying Information				
Given Name (First Nar Dustin	•	2. Surname (Last Name) Ballard		3. Date 09-March-2019	
4. Are you the correspor	nding author? Ye	s 🚺 No	Corresponding Author's Nam	Corresponding Author's Name Mary Reed	
5. Manuscript Title Patient-Provider Video Telemedicine Integrated with Clinical Care: Pa			re: Patient Experiences		
6. Manuscript Identifying Number (if you know it) M18-3081					
Section 2. The Work Under Consideration for Publication					
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Section 4. Inte	llectual Property Pa	atents & Copyi	ights		
			proadly relevant to the work?	☐ Yes ✓ No	

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