

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
David

2. Surname (Last Name)
Portney

3. Date
30-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Chandy Ellimoottil

5. Manuscript Title
Understanding the cost savings of video visits in outpatient surgical clinics

6. Manuscript Identifying Number (if you know it)
mHealth-20-33

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Blue Cross Blue Shield of Michigan Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Award Grant (002713.SAP)

Section 3. Relevant financial activities outside the submitted work.

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Section 6. Disclosure Statement

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Dr. Portney reports grants from Blue Cross Blue Shield of Michigan Foundation, during the conduct of the study; .Dr. Portney reports grants from Blue Cross Blue Shield of Michigan Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Rohan	2. Surname (Last Name) Ved	3. Date 30-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chandy Ellimoottil
5. Manuscript Title Understanding the cost savings of video visits in outpatient surgical clinics		
6. Manuscript Identifying Number (if you know it) mHealth-20-33		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ved has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Vahagn

2. Surname (Last Name)

Nikolian

3. Date

30-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chandy Ellimoottil

5. Manuscript Title

Understanding the cost savings of video visits in outpatient surgical clinics

6. Manuscript Identifying Number (if you know it)

mHealth-20-33

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Dr. Nikolian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Wei	3. Date 30-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chandy Ellimoottil
5. Manuscript Title Understanding the cost savings of video visits in outpatient surgical clinics		
6. Manuscript Identifying Number (if you know it) mHealth-20-33		

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1. Given Name (First Name) Thomas	2. Surname (Last Name) Buchmueller	3. Date 30-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chandy Ellimoottil
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1. Given Name (First Name)

Brad

2. Surname (Last Name)

Killaly

3. Date

30-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Chandy Ellimoottil

5. Manuscript Title

Understanding the cost savings of video visits in outpatient surgical clinics

6. Manuscript Identifying Number (if you know it)

mHealth-20-33

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Are there any relevant conflicts of interest?

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Section 4. Intellectual Property -- Patents & Copyrights

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chandy Ellimoottil
5. Manuscript Title Understanding the cost savings of video visits in outpatient surgical clinics		
6. Manuscript Identifying Number (if you know it) mHealth-20-33		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Chandy

2. Surname (Last Name)
Ellimoottil

3. Date
30-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Understanding the cost savings of video visits in outpatient surgical clinics

6. Manuscript Identifying Number (if you know it)
mHealth-20-33

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Dr. Ellimoottil reports grants from MProVE Research Challenge Grant, during the conduct of the study; .

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