

## ICMJE DISCLOSURE FORM

Date: November 4, 2023

Your Name: John Paul Garcia

Manuscript Title: A Narrative Review of Telemedicine and its Adoption Across Specialties

Manuscript number (if known): mHealth-23-28-R2

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>None</u>  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>None</u>  |   |
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|    |  |          |  |
|----|--|----------|--|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None |  |
| 6  | Payment for expert testimony   | ___ None |  |
| 7  | Support for attending meetings and/or travel   | ___ None |  |
| 8  | Patents planned, issued or pending   | ___ None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ___ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ___ None |  |
| 11 | Stock or stock options   | ___ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
| 13 | Other financial or non-financial interests   | ___ None |  |

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

None

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

**X   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:** November 3rd, 2023 \_\_\_\_\_

**Your Name:** Francisco Avila \_\_\_\_\_

**Manuscript Title:** A Narrative Review of Telemedicine and its Adoption Across

Specialties \_\_\_\_\_

**Manuscript number (if known):** mHealth-23-28-R2 \_\_\_\_\_

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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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | __X__ None   |   |
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| 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 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:

No conflict of interest.

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:** November 2<sup>nd</sup>, 2023 \_\_\_\_\_

**Your Name:** Ricardo A. Torres-Guzman \_\_\_\_\_

**Manuscript Title:** A Narrative Review of Telemedicine and its Adoption Across

Specialties \_\_\_\_\_

**Manuscript number (if known):** mHealth-23-28-R2 \_\_\_\_\_

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| 3   | Royalties or licenses  | __X__ None   |   |
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| 4   | Consulting fees  | __X__ None   |   |
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| 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:**

No conflict of interest.

**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:** November 3<sup>rd</sup>, 2023 \_\_\_\_\_

**Your Name:** Karla C, Maita \_\_\_\_\_

**Manuscript Title:** A Narrative Review of Telemedicine and its Adoption Across

Specialties \_\_\_\_\_

**Manuscript number (if known):** mHealth-23-28-R2 \_\_\_\_\_

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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
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| 4   | Consulting fees  | __X__ None   |   |
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| 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 |  |
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| 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:**

No conflict of interest.

**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: 11/7/2023  
 Your Name: Julianne Lunde  
 Manuscript Title: A Narrative Review of Telemedicine and its Adoption Across Specialties  
 Manuscript number (if known): mHealth-23-28-R2

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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| <b>Time frame: past 36 months</b>                         |  |  |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <input type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |

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

NA

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: 01-NOV 2023  
 Your Name: Jordan Coffey  
 Manuscript Title: "A Narrative Review of Telemedicine and its Adoption Across Specialties"  
 Manuscript number (if known): mHealth-23-28-R2

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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| 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   |   |
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| 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 |  |
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| 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:**

None.

**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: Nov 1, 2023

Your Name: Bart M. Demaerschalk MD MSc

Manuscript Title: Manuscript ID: mHealth-23-28-R2

Title: A Narrative Review of Telemedicine and its Adoption Across Specialties

Manuscript number (if known): 23-28-R2

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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | NIH TELE NEO Trial Co-PI   | Research payments to institution  |
|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |  |
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| 7  | Support for attending meetings and/or travel   | None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | None |  |
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| 11 | Stock or stock options   | None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | None |  |
| 13 | Other financial or non-financial interests   | None |  |

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

Co-PI of a tele neonatology trial funded by NIH not a direct conflict of interest however a telemedicine topic

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

**X 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: Nov 1, 2023

Your Name: Antonio Jorge Forte MD/PhD

Manuscript Title: Manuscript ID: mHealth-23-28-R2

Title: A Narrative Review of Telemedicine and its Adoption Across Specialties

Manuscript number (if known): 23-28-R2

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

None.

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