

ICMJJE DISCLOSURE FORM

Date: ___Dec. 19th, 2021___

Your Name: ___Varadraj Gurupur___

Manuscript Title: ___Key Observations in terms of Management of Electronic Health Records from a mHealth Perspective

Manuscript number (if known): ___ mHealth-21-39_____

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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