Date	e:	26/02/2023					
You	r Name:	Yasir Bashir					
Mar	nuscript Title:		outcome of "Telephone clinic" in the follow-up of Surgica				
pati	patients: Innovative use of technology for the convenience and improvement of service for patients						
Mar	nuscript number (if known):						
relat part to tr relat	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s					
	tollowing questions apply to	o the author's relationships	s/activities/interests as they relate to the <u>current</u>				
to th med In it	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript. in this manuscript without time limit. For all other items,				
		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)				
		Time frame: Since the initial	planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone					
		Time frame: past	36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					
4	Consulting fees	XNone					

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_XNone	
	se summarize the above co	nflict of interest in the fol	lowing box:
Plea	_	-	dicate your agreement: ve not altered the wording of any of the questions on this

Date	e:	26/02/2023	
You	r Name:		ussein Al-Awaysheh
			outcome of "Telephone clinic" in the follow-up of Surgical
pati	ents: Innovative use of tech	nology for the convenience	e and improvement of service for patients
Mar	nuscript number (if known):		
relat part to tr relat	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	
	tollowing questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th med In it	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initia	nlanning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	Payment or honoraria for					
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
7	Support for attending	XNone				
	meetings and/or travel					
8	Patents planned, issued or	X None				
	pending					
9	Participation on a Data	X None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	X_None				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
12	services Other financial or non-	V None				
13	Other financial or non- financial interests	_XNone				
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Plea	Please summarize the above conflict of interest in the following box:					
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Please place an "X" next to the following statement to indicate your agreement:

I certify that	t I have answered ev	ery question and	have not altered the wording of any of the questions on this
form.	Λθ	. 1	
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Date	e:	26/02/2023	
You	r Name:	Bernadette McGove	ern
Mar	nuscript Title:		outcome of "Telephone clinic" in the follow-up of Surgical
pati	ents: Innovative use of tech	nology for the convenience	e and improvement of service for patients
Mar	nuscript number (if known):		
relat part to tr relat	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do	
	tollowing questions apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th med In it	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	Payment or honoraria for					
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	X None				
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	testimon,					
7	Support for attending	XNone				
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	meetings and/or travel					
8	Patents planned, issued or	X None				
	pending					
	F0					
9	Participation on a Data	X None				
9	Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	X_None				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	X None				
	financial interests					
Plea	se summarize the above co	nflict of interest in the follo	owing hox:			
ı ica	Please summarize the above conflict of interest in the following box:					
	Name					
IN	one					

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.

(X)

Date	:	26/02/2023				
You	r Name:	Abidur Rahman				
Man	uscript Title:	Evaluation of the	outcome of "Telephone clinic" in the follow-up of Surgica			
patio	atients: Innovative use of technology for the convenience and improvement of service for patients					
Man	uscript number (if known):					
relat part to tr relat	ted to the content of your management items whose interests may be cansparency and does not not items. Items to make the content items in the content in the conte	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. s/activities/interests as they relate to the current			
	uscript only.	•	· · · · · · · · · · · · · · · · · · ·			
to th med In ito	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,			
		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)			
		Time frame: Since the initial	planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				
4	Consulting fees	X None				
	5 -					

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events					
6	Payment for expert testimony	XNone				
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or pending	XNone				
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone				
11	Stock or stock options	X_None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone				
13	Other financial or non- financial interests	_XNone				
Please summarize the above conflict of interest in the following box:						
Please place an "X" next to the following statement to indicate your agreement:						
	-		ve not altered the wording of any of the questions on this			

Date	e:	26/02/2023	
You	r Name:	Josh Olanyi	
Mar	nuscript Title:	Evaluation of the	outcome of "Telephone clinic" in the follow-up of Surgical
pati	ents: Innovative use of tech	nology for the convenience	e and improvement of service for patients
Mar	nuscript number (if known):		
rela part to ti rela	ted to the content of your miles whose interests may be ransparency and does not not tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
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		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_XNone	

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.

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Date	e:	26/02/2023		
You	r Name:	Josh Skeens		
Mar	nuscript Title:	Evaluation of the	outcome of "Telephone clinic" in the follow-up of Surgica	ıl
pati	ents: Innovative use of tech	nology for the convenience	e and improvement of service for patients	
Man	nuscript number (if known):			
relat part to tr relat	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s		
	tollowing questions apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
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		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)	
		Time frame: Since the initial	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone		
		Time frame: past	26 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X_None		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
10	services			
13	Other financial or non-	_XNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				
None				
IN	None			
Plea	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.

(X)

Date	e:	_26/02/2023		
You	r Name:	Tim Cronin		
Mar	nuscript Title:	Evaluation of the	outcome of "Telephone clinic" in the follow-up of Surgic	al
-			e and improvement of service for patients	
Mar	nuscript number (if known):			
rela part to t	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.	
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
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		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)	
		Time frame: Since the initial	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	_XNone		
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated	XNone		
2	in item #1 above).	V Nove		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

	lectures, presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	_XNone		
Plea	Please summarize the above conflict of interest in the following box:			
	one (W)	following statement to be		
—— (X)	I certify that I have answer form.	-	re not altered the wording of any of the questions on this	

Payment or honoraria for

Date	e:	_26/02/2023	
You	r Name:	Paul Neary	
Mar	nuscript Title:	Evaluation of the	outcome of "Telephone clinic" in the follow-up of Surgica
pati	ents: Innovative use of tech	nology for the convenience	e and improvement of service for patients
Mar	nuscript number (if known):		
rela part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
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2	Grants or contracts from any entity (if not indicated	Time frame: pastXNone	36 months
3	in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_XNone	
	se summarize the above co	nflict of interest in the fo	ollowing box:
Plea	se place an "X" next to the	-	
(x)_	form.	ed every question and ha	ave not altered the wording of any of the questions on this