

# ICMJE DISCLOSURE FORM

Date: 26/02/2023  
 Your Name: Yasir Bashir  
 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
 Manuscript number (if known): \_\_\_\_\_

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	<u>__X__</u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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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.

(X) Yasin Babur

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Date: 26/02/2023  
 Your Name: Mahmoud Musa Hussein Al-Awaysheh  
 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
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(X)

M. Almy

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 Your Name: Bernadette McGovern  
 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
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Date: 26/02/2023  
 Your Name: Abidur Rahman  
 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
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# ICMJE DISCLOSURE FORM

Date: 26/02/2023  
 Your Name: Josh Olanyi  
 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
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(X) J. Cha

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 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
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Date: 26/02/2023  
 Your Name: Tim Cronin  
 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
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Date: 26/02/2023  
 Your Name: Paul Neary  
 Manuscript Title: Evaluation of the outcome of "Telephone clinic" in the follow-up of Surgical patients: Innovative use of technology for the convenience and improvement of service for patients  
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