<u> Date: Feb 9, 2022 </u>	
Your Name:	un Li
Manuscript Title: Pri	oritizing MR Radiology Functions for Virtual Operations: A Feasibility
Study	
Manuscript number	if known):JHMHP-21-92

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
			planning of the work
1	All support for the	_xNone	
	present manuscript (e.g.,		
	funding, provision of study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time for more	00
	0	Time frame: past	36 Months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

manuscript writing or educational events	
testimony	x_None
Support for attending meetings and/or travel	_xNone
Patents planned, issued or pending	_x_None
Participation on a Data Safety Monitoring Board or Advisory Board	_xNone
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
Stock or stock options	_x_ None
Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone
Other financial or non- financial interests	_xNone
	re conflict of interest in the following box:
	Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests

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.

Date:2/9/2022
Your Name:Christina Mastrangelo
Manuscript Title:_ Prioritizing MR Radiology Functions for Virtual Operations: A Feasibility Study
Manuscript number (if known):JHMHP-21-92
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			i 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.	No other entities outside of the coauthors.	
		Time frame: past	: 36 months
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	_XNone	

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None
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
	ease summarize the abo	ve conflict of interest in the following box:
Ple	ease place an "×" 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.

Date:February 10	, 2022	
Your Name:	_Noah Briller	
Manuscript Title:	Prioritizing MR Radiology Functions for Virtual Operations: A Feasibility Study	
Manuscript numbe	(if known):JHMHP-21-92	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	
5	Payment or honoraria for	xNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	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	x_None	
	ease summarize the abo	ve conflict of interest in	the following box:
Pla	aasa nlaca an "x" nayt to	o the following statemen	nt to indicate your agreement:
>			and have not altered the wording of any of the

Date:\_\_\_\_February 9, 2022\_\_\_\_ Your Name:\_\_Mussie Tesfaldet\_\_

	anuscript Title: Prioriti anuscript number (if known	•	ons for Virtual Operations: A Feasibility Study	
rel pa to	ated to the content of your rties whose interests may I	manuscript. "Related" mo be affected by the content necessarily indicate a bia	all relationships/activities/interests listed below tha eans any relation with for-profit or not-for-profit thir t of the manuscript. Disclosure represents a commit as. If you are in doubt about whether to list a o so.	'd
	e following questions apply unuscript only.	y to the author's relationsl	nips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pre all relationships with manufacturers of antihyperton the manuscript.	
	item #1 below, report all su e time frame for disclosure		ed in this manuscript without time limit. For all othe	er 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)	
	Ti	me frame: Since the initia	l planning of the work	
	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.	X_None		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months	
3	Royalties or licenses	X_None		
1	Consulting fees	X_None		
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X_None		

6	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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_ None	
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:

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Feb 7, 2022

Your Name: Olga Starobinets

Manuscript Title: Prioritizing MR Radiology Functions for Virtual Operations: A Feasibility Study

Manuscript number (if known): JHMHP-21-92

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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I 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).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	Yes.	virtual operations, workflow improvements
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
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	
	ease summarize the abo		n the following box: ral operations, workflow improvements, etc.
;	·	_	nt to indicate your agreement:  and have not altered the wording of any of the

Date:\_\_\_\_Feb. 25<sup>th</sup>, 2022\_

Your Name:\_\_\_Shawn Stapleton\_\_

lectures, presentations,

			ions for Virtual Operations: A Feasibility Study HMHP-21-92	
rel pa to	ated to the content of your rties whose interests may I	manuscript. "Related" me be affected by the content t necessarily indicate a bia	all relationships/activities/interests listed below that eans any relation with for-profit or not-for-profit thin t of the manuscript. Disclosure represents a commi- as. If you are in doubt about whether to list a to so.	rd
	e following questions apply anuscript only.	y to the author's relations	hips/activities/interests as they relate to the <u>current</u>	<u>!</u>
to me	the epidemiology of hypert edication, even if that medic	tension, you should declar cation is not mentioned in	,	ensive
	item #1 below, report all su e time frame for disclosure		ed in this manuscript without time limit. For all othe	er 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)	
	Ti	me frame: Since the initia	I 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.	X_None		
		Time frame: past	36 months	
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		
5	Payment or honoraria for	X None		

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	speakers bureaus, manuscript writing or educational events		
6	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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_ None	
13	Other financial or non- financial interests	XNone	

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None.			

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