ICMJE Form for Disclosure of Potential Conflicts of Interest

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Portney

3. Date  
   30-April-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

4. Corresponding Author's Name  
   Chandy Ellimoottil

5. Manuscript Title  
   Understanding the cost savings of video visits in outpatient surgical clinics

6. Manuscript Identifying Number (if you know it)  
   mHealth-20-33

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   ✔ Yes  □ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>Student Award Grant (002713.SAP)</td>
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Section 6. Disclosure Statement

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Dr. Portney reports grants from Blue Cross Blue Shield of Michigan Foundation, during the conduct of the study; Dr. Portney reports grants from Blue Cross Blue Shield of Michigan Foundation, during the conduct of the study.

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<td>3. Date</td>
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<td>Corresponding Author's Name</td>
<td>Chandy Ellimoottil</td>
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<td>5. Manuscript Title</td>
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Dr. Ved has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Vahagn
2. Surname (Last Name)      Nikolian
3. Date                    30-April-2020
4. Are you the corresponding author?  Yes ✔ No

Corresponding Author’s Name
Chandy Ellimoottil

5. Manuscript Title
Understanding the cost savings of video visits in outpatient surgical clinics

6. Manuscript Identifying Number (if you know it)
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Dr. Nikolian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Andrea
2. Surname (Last Name)  Wei
3. Date  30-April-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  Chandy Ellimoottil
5. Manuscript Title  Understanding the cost savings of video visits in outpatient surgical clinics
6. Manuscript Identifying Number (if you know it)  mHealth-20-33

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Buchmueller
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Buchmueller

3. Date  
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4. Are you the corresponding author?  
   ☑ No  
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   Chandy Ellimoottil

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Brad
2. Surname (Last Name)  Killaly
3. Date  30-April-2020

4. Are you the corresponding author?  ☐ Yes  ✔ No

Corresponding Author's Name  Chandy Ellimoottil

5. Manuscript Title
Understanding the cost savings of video visits in outpatient surgical clinics

6. Manuscript Identifying Number (if you know it)
mHealth-20-33

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ☐ Yes  ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No
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Section 6. Disclosure Statement

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Dr. Killaly has nothing to disclose.

Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Corresponding Author's Name**

Chandy Ellimoottil

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chandy

2. Surname (Last Name)  
   Ellimoottil

3. Date  
   30-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

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   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>☐</td>
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Dr. Ellimoottil reports grants from MPrOVE Research Challenge Grant, during the conduct of the study;

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