ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.
   
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<th>2. Surname (Last Name)</th>
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<tr>
<td>Milan</td>
<td>Patel</td>
<td>03-July-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Assessing Patient Usability of Video Visits

6. Manuscript Identifying Number (if you know it)

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Dr. Patel has nothing to disclose.

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<tr>
<td>Rebecca</td>
<td>Miller</td>
<td>03-July-2020</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Milan Patel

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
Haley                                Haddad                              03-July-2020

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

5. Manuscript Title
Assessing Patient Usability of Video Visits

6. Manuscript Identifying Number (if you know it)

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Dr. Haddad has nothing to disclose.

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<tr>
<td>Larry</td>
<td>An</td>
<td>03-July-2020</td>
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4. Are you the corresponding author?  
☐ Yes  ☑ No

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Dr. An has nothing to disclose.

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1. Given Name (First Name)  Jessie
2. Surname (Last Name)  Devito
3. Date  03-July-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Milan Patel

5. Manuscript Title  Assessing Patient Usability of Video Visits
6. Manuscript Identifying Number (if you know it)

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5. **Relationships not covered above.**

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- **Royalties:** Funds are coming in to you or your institution due to your patent

Neff
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Alison

2. Surname (Last Name)
   Neff

3. Date
   03-July-2020

4. Are you the corresponding author?
   ☑ No

Corresponding Author’s Name
   Milan Patel

5. Manuscript Title
   Assessing Patient Usability of Video Visits

6. Manuscript Identifying Number (if you know it)

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?
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Are there any relevant conflicts of interest?
   ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
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Section 6. Disclosure Statement

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Dr. Neff has nothing to disclose.

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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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   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abishek</td>
<td>Rajkumar</td>
<td>03-July-2020</td>
</tr>
</tbody>
</table>

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Assessing Patient Usability of Video Visits

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Dr. Rajkumar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chad

2. Surname (Last Name)  
   Ellimoottil

3. Date  
   03-July-2020

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

   Corresponding Author's Name  
   Milan Patel

5. Manuscript Title  
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Dr. Ellimoottil has nothing to disclose.

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