ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sonny
2. Surname (Last Name)  Bal
3. Date  14-July-2017
4. Are you the corresponding author?  Yes ☑ No
5. Manuscript Title  Mobile Messaging Communication in Health Care: Rules, Regulations, Penalties, and Safety of Provider Use

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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Are there any relevant conflicts of interest?  Yes ☑ No

If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>Consultant</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

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. Bal reports other from Amedica, personal fees from Microport, personal fees from ConforMIS, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Philip
2. Surname (Last Name)     Blazar
3. Date                     03-May-2017
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name
   Julie Balch Samora
5. Manuscript Title
   Mobile Messaging Communication in Health Care: Rules, Regulations, Penalties, and Safety of Provider Use
6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Blazar has nothing to disclose.

Evaluation and Feedback

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Drolet
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Drolet

3. Date  
03-May-2017

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

Corresponding Author’s Name  
Julie Balch Samora

5. Manuscript Title  
Mobile Messaging Communication in Health Care: Rules, Regulations, Penalties, and Safety of Provider Use

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Drolet has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Scott

2. Surname (Last Name)  
   Lifchez

3. Date  
   03-May-2017

4. Are you the corresponding author?  
   Yes
   No
   ✔

   Corresponding Author’s Name
   Julie Balch Samora

5. Manuscript Title
   Mobile Messaging Communication in Health Care: Rules, Regulations, Penalties, and Safety of Provider Use

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Julie

2. **Surname (Last Name)**
   - Balch Samora

3. **Date**
   - 03-May-2017

4. **Are you the corresponding author?**
   - Yes ✔
   - No

5. **Manuscript Title**
   - Mobile Messaging Communication in Health Care: Rules, Regulations, Penalties, and Safety of Provider Use

6. **Manuscript Identifying Number (if you know it)**

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