

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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) Sonny	2. Surname (Last Name) Bal	3. Date 14-July-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) 		

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.)?

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amedica	☐	☐	☐	☒	Board member
Microport	☐	☒	☐	☐	Consultant
ConforMIS	☐	☒	☐	☐	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

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

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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 ☒ 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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Dr. Blazar has nothing to disclose.

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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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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
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Julie

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Balch Samora

3. Date
03-May-2017

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

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