

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Del Gaizo	3. Date 31-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Prvu Bettger, ScD
5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, a Randomized Control Trial		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00695R1		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Del Gaizo has nothing to disclose.

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)
Anang

2. Surname (Last Name)
Chokshi

3. Date
29-July-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Janet Prvu Bettger, ScD

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, a Randomized Control Trial

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Reflexion Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am the CCO at Reflexion Health

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

I am the Chief Clinical Officer for Reflexion Health, Inc, the sponsoring organization for the VERITAS trial.

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Dr. Chokshi is Chief Clinical Officer of Reflexion Health, Inc, the sponsoring organization for the VERITAS trial, and reports both salary and stock options in Reflexion Health.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cynthia	2. Surname (Last Name) Green	3. Date 30-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Prvu Bettger, ScD
5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial		
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Dr. Green has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) DaJuanicia	2. Surname (Last Name) Holmes	3. Date 29-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Prvu Bettger, ScD
5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial		
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DaJuanicia Holmes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Janet

2. Surname (Last Name)
Prvu Bettger

3. Date
29-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Reflexion Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study funded by Reflexion Health

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Dr. Prvu Bettger reports grants (research funding) from Reflexion Health, for the conduct of the study.

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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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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Webb	3. Date 29-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Prvu Bettger, ScD
5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00695R1		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Laura Webb has nothing to disclose.

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) Arthur	2. Surname (Last Name) de Leon	3. Date 30-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Prvu Bettger, ScD
5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00695R1		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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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Arthur J de Leon has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Mather

3. Date
30-July-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Janet Prvu Bettger, ScD

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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
KNG Health Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mather reports personal fees from KNG Health Consulting, personal fees from Stryker, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Peterson

3. Date
31-July-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Janet Prvu Bettger, ScD

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00695R1

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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
Reflexion Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Peterson reports grants from Reflexion Health, 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) John	2. Surname (Last Name) Chiavetta	3. Date 01-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Prvu Bettger, ScD
5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial		
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Are there any relevant conflicts of interest? Yes No

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Dr. Chiavetta has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thorsten

2. Surname (Last Name) Seyler

3. Date 31-July-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name Janet Prvu Bettger, ScD

5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it) JBJS-D-19-00695R1

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

Section 3. Relevant financial activities outside the submitted work.

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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
Total Joint Orthopedics, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant, Royalties
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Hereaus Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
American Association of Hip and Knee Surgeons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coulter Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
ZimmerBiomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Study

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

Site PI for Reflexion Health sponsored trial.

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Section 6. Disclosure Statement

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Dr. Seyler reports personal fees from Total Joint Orthopedics, Inc, personal fees from Smith & Nephew, personal fees from Hereaus Medical, grants from American Association of Hip and Knee Surgeons, grants from Coulter Foundation, personal fees from Pfizer, grants from ZimmerBiomet, outside the submitted work; and Site PI for Reflexion Health sponsored trial.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bryan

2. Surname (Last Name)
Hoch

3. Date
30-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Janet Prvu Bettger, ScD

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hoch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Frank	2. Surname (Last Name) Aluisio	3. Date 10-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Prvu Bettger, ScD
5. Manuscript Title Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00695R1		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Aluisio has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joseph

2. Surname (Last Name)
Smith

3. Date
29-July-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Janet Prvu Bettger, ScD

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-Home Therapy verses Traditional Care after Total Knee Arthroplasty: Veritas A Randomized Controlled Trial

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Reflexion Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary support and Stock Options

Section 3. Relevant financial activities outside the submitted work.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Am President of Reflexion Health, Inc, the sponsoring organization for the VERITAS trial.

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Dr. Joseph Smith is President of Reflexion Health, Inc, the sponsoring organization for the VERITAS trial, and reports both salary and stock options in Reflexion Health.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vincent

2. Surname (Last Name)
Miller

3. Date
29-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Janet Prvu Bettger, ScD

5. Manuscript Title
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