

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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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

Anderson 1



Section 1. Identifyi	ng Information			
Given Name (First Name) Erica	2. Surname (Last Name) Anderson	3. Date 05-February-2019		
4. Are you the corresponding a	uthor? Yes V No	Corresponding Author's Name Surya P Bhatt		
5. Manuscript Title Video Telehealth Pulmonary	Rehabilitation Intervention In COPD F	Reduces 30-day Readmissions: A Brief Report		
6. Manuscript Identifying Numl	oer (if you know it)			
Section 2. The Work	Under Consideration for Public	ation		
		a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,		
Are there any relevant conflicts of interest?				
Section 3. Relevant	financial activities outside the su	ubmitted 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 V No				
Section 4. Intellectu	al Property Patents & Copyrig	hts		
Do you have any patents, wh	ether planned, pending or issued, bro	oadly relevant to the work? Yes V No		

Anderson 2



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Section 6. Disclosure Statement
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Dr. Anderson has nothing to disclose.

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

Baugh 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Daniel	2. Surname (Last Name) Baugh	3. Date 07-February-2019		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Surya P Bhatt		
5. Manuscript Title Video Telehealth Pulmonary Rehabilit	ation Intervention In COPD	Reduces 30-day Readmissions: A Brief Report		
6. Manuscript Identifying Number (if you	know it)			
Section 2. The Work Under	Consideration for Public	cation		
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Are there any relevant connicts of file	ilest: Tes 🚺 NO			
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Intellectual Prop	erty Patents & Copyri	ghts		
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Baugh 2



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Bhatt 1



Section 1. Identifying Inform	ation				
Given Name (First Name) Surya	2. Surname (Last Name Bhatt	e)		3. Date 08-January-2019	
4. Are you the corresponding author?	ne corresponding author? ✓ Yes No				
5. Manuscript Title Video Telehealth Pulmonary Rehabilitat	ion Intervention In CC	PD Reduces 30-	day Read	lmissions: A Brief Report	
6. Manuscript Identifying Number (if you know	ow it)				
Section 2. The Work Under Co	nsideration for Pu	blication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intereal lf yes, please fill out the appropriate info	but not limited to grants st? Yes N rmation below. If you	s, data monitoring	board, st	udy design, manuscript preparation,	
Excess rows can be removed by pressing	the "X" button.				
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH	✓			NIH K23HL133438	
NIH				P2CHD086851	
Section 3. Belovent financial					
Relevant financial a	ctivities outside th	ne submitted v	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interests."	oed in the instructions ort relationships that st? Yes N	s. Use one line fo were present d	r each er	ntity; add as many lines as you need by	
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal Fees?	Non-Financial Support	Other?	Comments	
Sunovion			√	Consulting fees	

Bhatt 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
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Dr. Bhatt reports grants from NIH, from NIH, during the conduct of the study; other from Sunovion, outside the submitted work; .

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Cutter 1



Section 1. Ident	tifying Information			
Given Name (First Name Gary	e) 2. Surnar Cutter	me (Last Name)		3. Date 08-February-2019
4. Are you the correspond	ing author? Yes	✓ No	Corresponding Author's Nan Surya P Bhatt	me
5. Manuscript Title Video Telehealth Pulmo	nary Rehabilitation Interv	ention In COPD	Reduces 30-day Readmissio	ons: A Brief Report
6. Manuscript Identifying	Number (if you know it)			
			-	
Section 2. The V	Vork Under Considera	tion for Public	ation	
	d work (including but not lim		a third party (government, cor ta monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
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Section 4. Intell			l.c.	
Intell	ectual Property Pate	ents & Copyrig	ints —	
Do you have any patent	s, whether planned, pend	ing or issued, bro	oadly relevant to the work?	☐ Yes ✓ No

Cutter 2



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Dr. Cutter has nothing to disclose.

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Cutter 3



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Patel 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Siddharth	2. Surname (Last Name) Patel	3. Date 10-February-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Surya P Bhatt	
5. Manuscript Title Video Telehealth Pulmonary Rehabilita	ation Intervention In COPD	Reduces 30-day Readmissions: A Brief Report	
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Do you have any patents, whether plar			

Patel 2



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Givens 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Tina	2. Surname (Last Name) Givens	3. Date 07-February-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Surya P Bhatt	
5. Manuscript Title Video Telehealth Pulmonary Rehabilita	tion Intervention In COPD	Reduces 30-day Readmissions: A Brief Report	
6. Manuscript ldentifying Number (if you k	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3. Polyvant financial	و مله و اداده و داداده و اعاد داده	ماريم المعاشم المرابع	
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 Vo			
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ined, pending or issued, br	roadly relevant to the work? Yes V No	

Givens 2



Section 5.	Deletionshing not governed above		
	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):		
✓ No other relat	cionships/conditions/circumstances that present a potential conflict of interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement		
Based on the abobelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Givens has no	othing to disclose.		

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Givens 3



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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Sanders 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fil J. Gregory	ven Name (First Name) 2. Surname (La		3. Da 06-F	ate ebruary-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Surya P Bhatt	
5. Manuscript Title Video Telehealth Pulmonary Rehabilitation Intervention In COPD		Reduces 30-day Readmissions: A	Brief Report	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commero ta monitoring board, study design, r	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relations e one line for each entity; add as e present during the 36 month	many lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copyric	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Sanders 2



Section 5. Polationships not severed above					
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					
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Dr. Sanders has nothing to disclose.					

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supplied by the entity, travel paid by the entity, writing assistance,

Windham 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Samuel	2. Surname (Last Name) Windham	3. Date 10-February-2019				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Surya P Bhatt				
5. Manuscript Title Video Telehealth Pulmonary Rehabilitation Intervention In COPD Reduces 30-day Readmissions: A Brief Report						
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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 Vo						
Section 3. Relevant financial	activities outside the s	submitted work.				
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Windham 2



Section 5.	Deletionaline not envend above					
	Relationships not covered above					
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?					
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Dr. Windham ha	s nothing to disclose.					

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Section 1. Identifying Inform					
Identifying Information					
1. Given Name (First Name) Mark	2. Surname (Last Name) Dransfield		3. Date 07-February-2019		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Surya Bhatt	Author's Name		
5. Manuscript Title Video Telehealth Pulmonary Rehabilitation Intervention In COPD Reduces 30-day Readmissions: A Brief Report					
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Section 2. The Work Under Co	onsideration for Pub	lication			
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, st? Yes No rmation below. If you h	data monitoring bo	vernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation, etc.) e entity press the "ADD" button to add a row.		
Name of Institution/Company	Grant? Personal Fees?	on-Financial Support?	her? Comments		
NIH	✓				
Section 3. Relevant financial a	activities outside the	e submitted wo	rk.		
	bed in the instructions. Fort relationships that wast? Yes No	Use one line for e ere present duri	financial relationships (regardless of amount ach entity; add as many lines as you need by ag the 36 months prior to publication.		
Name of Entity	Grant? Personal Fees?	on-Financial Support?	her? Comments		
Department of Defense	✓				
Boehringer Ingelheim			Consulting and contracted clinical trials		
GlaxoSmithKline			Consulting and contracted clinical trials		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Novartis				✓	Contracted clinical trials	
AstraZeneca		✓		√	Consulting and contracted clinical trials	
Yungjin				✓	Contracted clinical trials	
PneumRx/BTG		✓		√	Consulting and contracted clinical trials	
Pulmonx				✓	Contracted clinical trials	
Genentech		✓			Consulting	
Boston Scientific				✓	Consulting and contracted clinical trials	
Quark Pharmaceuticals		\checkmark			Consulting	
NIH	✓					
Mereo		\checkmark			Consulting	
American Lung Association	✓					
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Dr. Dransfield reports grants from NIH, during the conduct of the study; grants from Department of Defense, personal fees and other from Boehringer Ingelheim, personal fees and other from GlaxoSmithKline, other from Novartis, personal fees and other from AstraZeneca, other from Yungjin, personal fees and other from PneumRx/BTG, other from Pulmonx, personal fees from Genentech, other from Boston Scientific, personal fees from Quark Pharmaceuticals, grants from NIH, personal fees from Mereo, grants from American Lung Association, outside the submitted work;

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patent

Schumann 1



Section 1.	Identifying Inform	nation					
Given Name (First Name) Christopher		2. Surname (Last Name) Schumann	3. Date 10-February-2019				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Surya P Bhatt				
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Schumann 2



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