

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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) Vern	2. Surname (Last Name) Behl	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark E Fenton
5. Manuscript Title An expanded COVID-19 telemedicine intermediate care model utilizing repurposed hotel rooms		
6. Manuscript Identifying Number (if you know it) Blue-202007-2902LE		

### 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

### 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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Dr. Behl 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)  
Mark

2. Surname (Last Name)  
Fenton

3. Date  
27-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
An expanded COVID-19 telemedicine intermediate care model utilizing repurposed hotel rooms

6. Manuscript Identifying Number (if you know it)  
Blue-202007-2902LE

### Section 2. The Work Under Consideration for Publication

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Dr. Fenton 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)  
John

2. Surname (Last Name)  
Froh

3. Date  
24-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Mark Fenton

5. Manuscript Title

An expanded COVID-19 telemedicine intermediate care model utilizing repurposed hotel rooms

6. Manuscript Identifying Number (if you know it)

Blue-202007-2902LE

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Dr. Froh 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) Michelle	2. Surname (Last Name) Schmalenberg	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark E Fenton
5. Manuscript Title An expanded COVID-19 telemedicine intermediate care model utilizing repurposed hotel rooms		
6. Manuscript Identifying Number (if you know it) Blue-202007-2902LE		

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Ms. Schmalenberg has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
Wasko

3. Date  
27-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Mark E Fenton

5. Manuscript Title

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Dr. Wasko has nothing to disclose.

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