

ICMJE DISCLOSURE FORM

Date: [12/3/2021]

Your Name: [Jenna Thomason]

Manuscript Title: [Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic]

Manuscript Number (if known): [ACROR-21-181]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
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Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td style="width: 60%;"></td><td></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11 Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 361"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 581"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 695 1516 798"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: [12/7/2021]

Your Name: [Alison Bays]

Manuscript Title: [Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic]

Manuscript Number (if known): [ACROR-21-181]

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Genetech funded an educational conference in 2019	No payments directly to me

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: [12/3/2021]

Your Name: [Bryanna Mantilla]

Manuscript Title: [Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic]

Manuscript Number (if known): [ACROR-21-181]

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ICMJE DISCLOSURE FORM

Date: [12/7/2021]

Your Name: [Irvin J. Huang]

Manuscript Title: [Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic]

Manuscript Number (if known): [ACROR-21-181]

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ICMJE DISCLOSURE FORM

Date: [12/7/2021]

Your Name: [Rayan Najjar]

Manuscript Title: [Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic]

Manuscript Number (if known): [ACROR-21-181]

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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 579"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: [12/7/2021]

Your Name: [Namrata Singh]

Manuscript Title: [Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic]

Manuscript Number (if known): [ACROR-21-181]

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ICMJE DISCLOSURE FORM

Date: [12/7/2021]

Your Name: [Katherine Wysham]

Manuscript Title: [Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic]

Manuscript Number (if known): [ACROR-21-181]

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11 Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 579"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 697 1516 798"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: Grant Hughes, MD

Manuscript Title: Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic

Manuscript Number (if known): ACROR-21-181

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11 Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 361"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 581"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 695 1516 798"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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