| Date:                         | [12/3/2021]  |
|-------------------------------|--|
| Your Name:                    | [Jenna Thomason ]  |
| Manuscript Title:             | $[ \mbox{Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic } ]$ |
| 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.

|   |   | 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  | 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. | [⊠] None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   |   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] None   |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|--|--|---|
| 4  | Consulting fees  | [⊠] None   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | [⊠ None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] None   |   |

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|------|--|--|---|
| 11   | Stock or stock<br>options  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | [⊠] None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |   |

| Date:                         | [12/7/2021]   |
|-------------------------------|---|
| Your Name:                    | [Alison Bays ]  |
| Manuscript Title:             | $\begin{bmatrix} \text{Non-English Language Preference Associated with Decreased Rheumatology Telehealth} \\ \text{Utilization During the COVID-19 Pandemic} \end{bmatrix}$ |
| Manuscript Number (if known): | [ACROR-21-181]  |

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|---|---|--|---|
|   |   | Time frame: Since the initial planning of  | of the work   |
| 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. | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | [⊠] None   Time frame: past 36 months   [⊠] None   | Click the tab key to add additional rows.   |
|   | contracts from<br>any entity (if not<br>indicated in item<br>#1 above).   |  |   |
| 3   | Royalties or<br>licenses  | None   |   |

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| 6  | Payment for expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] ] <b>None</b>  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] None   |   |

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|----------|---|--|---|
| 11       | Stock or stock options  | None   |   |
| 12       | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | [⊠] None   |   |
| 13       | Other financial or<br>non-financial<br>interests  | Genetech funded an educational conference in 2019  | No payments directly to me  |
| Plea [⊠] | 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. |  |   |

| 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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|   |   | Time frame: Since the initial planning o   | of the work   |
|   | 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.  Grants or contracts from any entity (if not indicated in item #1 above). | None   Time frame: past 36 months   None   | Click the tab key to add additional rows.   |
|   |   |  |   |
| 3 | Royalties or<br>licenses  | 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) |
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| 6  | Payment for expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] None   |   |

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|------|---|--|---|
| 11   | Stock or stock<br>options   | [⊠] None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | [⊠ None  |   |
| 13   | Other financial or<br>non-financial<br>interests  | [⊠ None  |   |
| Plea | 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. |  |   |

| Date:                         | [12/7/2021]   |
|-------------------------------|---|
| Your Name:                    | [Irvin J. Huang ]   |
| Manuscript Title:             | $\begin{bmatrix} \text{Non-English Language Preference Associated with Decreased Rheumatology Telehealth} \\ \text{Utilization During the COVID-19 Pandemic} \end{bmatrix}$ |
| Manuscript Number (if known): | [ACROR-21-181]  |

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|   |   | Time frame: Since the initial planning of  | of the work   |
|   | 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. | [☑ None  [ Time frame: past 36 months  | Click the tab key to add additional rows.   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] None   |   |
| 3 | Royalties or<br>licenses  | [☑ 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) |
|----|--|--|---|
| 4  | Consulting fees  | [⊠] None   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | [⊠] None   |   |
| 6  | Payment for expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] None   |   |

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|------|--|--|---|
| 11   | Stock or stock<br>options  | [⊠ None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | [⊠] None   |   |
| Plea |  | t to the following statement to indicate your agreeme  |   |

| 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 $\big]$ |
| Manuscript Number (if known): | [ACROR-21-181]  |

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|---|---|--|---|
| 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. | Time frame: Since the initial planning of [  | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   |   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

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

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|------|--|--|---|
| 11   | Stock or stock<br>options  | [⊠ None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠ None  |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | [⊠] None   |   |
| Plea | •  | t to the following statement to indicate your agreeme<br>answered every question and have not altered the wo |   |

| 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 $\Big]$   |   |  |
| Maı                                | nuscript Number (if I   | known):   | [ACROR-21-181]  |   |  |
| con<br>affe<br>indi<br>The<br>epic | tent of your manuscreted by the content cate a bias. If you ar author's relationship  | ript. "Rela<br>of the ma<br>e in doub<br>ps/activition<br>ension, you | nted" means any relation with for-profit or no<br>nuscript. Disclosure represents a commitment<br>t about whether to list a relationship/activity,<br>es/interests should be defined broadly. For each of the should declare all relationships with manuforms | /interest, it is preferable that you do so .  |  |
|                                    | em #1 below, report<br>me for disclosure is th  |   |   | ithout time limit. For all other items, the time                                    |  |
|                                    |   |   | l entities with whom you have this ship 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. | [X] N   | one   | Click the tab key to add additional rows.   |  |
|                                    |   |   | Time frame: past 36 month   | S   |  |
| 2                                  | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | - 1   | atology Research Foundation<br>an Heart Association   |   |  |
| 3                                  | Royalties or<br>licenses  |   | one   |   |  |

|    |  | 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  | None   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | [⊠ None  |   |
| 6  | Payment for expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] ] <b>None</b>  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] None   |   |

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| 11   | Stock or stock<br>options  | [⊠ None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | [⊠] None   |   |
| Plea |  | t to the following statement to indicate your agreeme  |   |

18 8/26/2021 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]  |
| 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 Specifications/Comments (e.g., if payments were made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or □ None 2 contracts from any entity (if not Rheumatology Research Foundation Department of Veterans Affairs indicated in item #1 above). 3 Royalties or None licenses

|    |  | 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  | [⊠] None   |   |
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| 6  | Payment for expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | [⊠] None   |   |
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|------|---|--|---|
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| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | [⊠] None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | [⊠] None   |   |
| Plea | 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. |  |   |

| Date:                         | [12/6/2021]  |
|-------------------------------|--|
| Your Name:                    | [Grant Hughes, MD ]  |
| Manuscript Title:             | $[ \mbox{Non-English Language Preference Associated with Decreased Rheumatology Telehealth Utilization During the COVID-19 Pandemic } ]$ |
| Manuscript Number (if known): | [ACROR-21-181]   |

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| 3 | Royalties or<br>licenses  | [⊠] None   |   |

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| 8  | Patents planned,<br>issued or<br>pending   | [⊠] ] <b>None</b>  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   |   |
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| 11     | Stock or stock<br>options  | [⊠ None  |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠ None  |   |
| 13     | Other financial or<br>non-financial<br>interests                                 | [⊠] None   |   |
| Plea 🖂 | -  | t to the following statement to indicate your agreeme<br>answered every question and have not altered the wo |   |