

### Informed consent statement

Any information that can identify or disclose patient information has been removed from the manuscript.

Name: Srikanth Yandrapalli

Signature: [Signature] Date: 8/20/16

Name: Bella Mehta

Signature: [Signature] Date: 8/18/16

Name: Pratik Mondal

Signature: [Signature] Date: 8/19/16

Name: Tanush Gupta

Signature: [Signature] Date: 8/20/16

Name: Pallavi Khattar

Signature: [Signature] Date: 8/18/16

Name: John Fallon

Signature: [Signature] Date: 8/19/16

Name: Randy Goldberg

Signature: [Signature] Date: 8/19/16

Name: Sachin Sule

Signature: [Signature] Date: 08/19/2016

Name: Wilbert S Aronow

Signature: [Signature] Date: August 19, 2016

