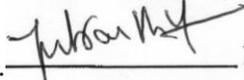


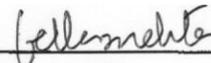
Informed consent statement

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

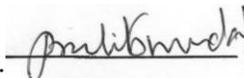
Name: Srikanth Yandrapalli

Signature:  Date: 8/20/16

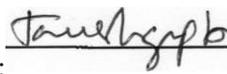
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Signature:  Date: 8/18/16

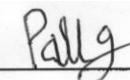
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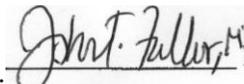
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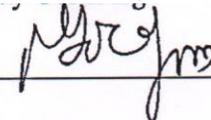
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Signature:  Date: 8/18/16

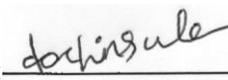
Name: John Fallon

Signature:  Date: 8/19/16

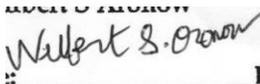
Name: Randy Goldberg

Signature:  Date: 8/19/16

Name: Sachin Sule

Signature:  Date: 08/19/2016

Name: Wilbert S Aronow

Signature:  Date: August 19, 2016

