

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) MARIO      2. Surname (Last Name) FORCIONE      3. Date 26-June-2020

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Dynamic contrast-enhanced near-infrared spectroscopy using indocyanine green on moderate and severe traumatic brain injury: a prospective observational study

6. Manuscript Identifying Number (if you know it)  
QIMS-20-742

### 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
European Union Horizon 2020 Research and Innovation Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polish National Science Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kamal      2. Surname (Last Name) Yakoub      3. Date 26-June-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Mario Forcione

5. Manuscript Title  
Dynamic contrast-enhanced near-infrared spectroscopy using indocyanine green on moderate and severe traumatic brain injury: a prospective observational study

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QIMS-20-742

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Are there any relevant conflicts of interest?     Yes     No

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### Section 1. Identifying Information

1. Given Name (First Name) ANTONIO	2. Surname (Last Name) CHIARELLI	3. Date 28-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mario Forcione
5. Manuscript Title Dynamic contrast-enhanced near-infrared spectroscopy using indocyanine green on moderate and severe traumatic brain injury: a prospective observational study		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) DAVID      2. Surname (Last Name) PERPETUINI      3. Date 28-June-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Mario Forcione

5. Manuscript Title  
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ARCANGELO

2. Surname (Last Name)  
MERLA

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Corresponding Author's Name  
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Dr. MERLA reports grants from European Union Horizon 2020 Research and Innovation Program, grants from Polish National Science Centre, during the conduct of the study; .

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1. Given Name (First Name)  
ROSA

2. Surname (Last Name)  
SUN

3. Date  
28-June-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Mario Forcione

5. Manuscript Title  
Dynamic contrast-enhanced near-infrared spectroscopy using indocyanine green on moderate and severe traumatic brain injury: a prospective observational study

6. Manuscript Identifying Number (if you know it)  
QIMS-20-742

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Are there any relevant conflicts of interest?  Yes  No

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Polish National Science Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Piotr      2. Surname (Last Name) Sawosz      3. Date 29-June-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name Mario Forcione

5. Manuscript Title  
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1. Given Name (First Name)  
ANTONIO

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BELLI

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Mario Forcione

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1. Given Name (First Name) DAVID      2. Surname (Last Name) DAVIES      3. Date 28-June-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Mario Forcione

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