

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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

Sippey 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Megan	rst Name)	2. Surname (Las Sippey	t Name)		3. Date 08-June-20	119
4. Are you the corresponding author?		✓ Yes	No			
•	5. Manuscript Title Use of fluoroscopy in endoscopy: indications, use, and safety considerations					
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideration fo	or Publication			
Did you or your institution <b>at any time</b> 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 V No						
Section 3.	Relevant financial	activities outs	ide the submitted w	ork.		
of compensation clicking the "Add	n) with entities as descri	ibed in the instru port relationships	licate whether you have ctions. Use one line for continuous that were <b>present dur</b> No	each entity; a	idd as many	lines as you need by
Section 4.	Intellectual Proper	rty Patents &	Copyrights			
Do you have any			ssued, broadly relevant	t to the work?	Yes	✓ No

Sippey 2



Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Sippey has nothing to disclose.

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Maskal 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Sara	2. Surname (Last Name) Maskal	3. Date 08-June-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Megan Sippey		
5. Manuscript Title Use of fluoroscopy in endoscopy: indications, use, and safety considerations				
6. Manuscript Identifying Number (if you k	now it)			
		_		
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Are there any relevant conflicts of interest?				
Section 3. Relevant financial	activities outside the	submitted work.		
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Are there any relevant conflicts of inter	rest? Yes ✓ No			
Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Maskal 2



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Anderson 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Mark	rst Name)	2. Surname (Last Name) Anderson	3. Date 08-June-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Megan Sippey
5. Manuscript Title Use of fluoroscopy in endoscopy: indications, use, and safety consi		ations, use, and safety cons	siderations
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	he appropriate boxes i ) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Anderson 2



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Marks 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Marks	3. Date 08-June-2019
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Megan Sippey
5. Manuscript Title Use of fluoroscopy in endoscopy: indi	cations, use, and safety con:	siderations
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Are there any relevant conflicts of inte If yes, please fill out the appropriate in		
Name of Entity	Grant? Personal Noi	n-Financial other? Comments
Boston Scientific		Consultant
Olympus		Consultant
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Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No

Marks 2



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