

ICMJE DISCLOSURE FORM

Date: 28/05/2022

Your Name: Paula Domínguez Garijo

Manuscript Title: Applications of indocyanine green fluorescence imaging in colorectal surgery: a narrative review.

Manuscript number (if known): ALES-22-38

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.

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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 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 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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 28/05/2022

Your Name: Oscar Eduardo Molina Sáez

Manuscript Title: Applications of indocyanine green fluorescence imaging in colorectal surgery: a narrative review.

Manuscript number (if known): ALES-22-38

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ICMJE DISCLOSURE FORM

Date: 28/05/2022
 Your Name: Marlene Caldera
 Manuscript Title: Applications of indocyanine green fluorescence imaging in colorectal surgery: a narrative review.
 Manuscript number (if known): ALES-22-38

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ICMJE DISCLOSURE FORM

Date: 28/05/2022

Your Name: AITANA LÓPEZ ANDREU

Manuscript Title: Applications of indocyanine green fluorescence imaging in colorectal surgery: a narrative review.

Manuscript number (if known): _ALES-22-38

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4	Consulting fees	<u>None</u>	

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Date: 28/05/2022

Your Name: Antonio M. de Lacy Fortuny

Manuscript Title: Applications of indocyanine green fluorescence imaging in colorectal surgery: a narrative review.

Manuscript number (if known): ALES-22-38

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		Olympus Medical	
3	Royalties or licenses	None	
4	Consulting fees	Applied Medical	
		Conmed	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Antonio M. Lacy, PhD. reports grants from Medtronic, grants from Olympus Medical, personal fees from Applied Medical and personal fees from Conmed, but all of them outside the submitted work. He reports no conflicts of interests.

Please place an "X" next to the following statement to indicate your agreement:

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Date: 28/05/2022
 Your Name: Francisco de Borja de Lacy Oliver
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