

## ICMJE DISCLOSURE FORM

Date: 4-9-2022

Your Name: Sebastiaan de Jongh

Manuscript Title: Regional peak flow as a novel approach to assessing regional pulmonary mechanics by electrical impedance tomography: an observational validation study

Manuscript number (if known): ATM-22-3420

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	Planned patent	Awaiting decision from the European patent office with regard to the algorithm, as presented in this manuscript.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

The author reports that he is awaiting decision from the European patent office with regard to the algorithm, as presented in this manuscript.

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

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:** 8-9-2022 \_\_\_\_\_

**Your Name:** Serge Heines \_\_\_\_\_

**Manuscript Title:** Regional peak flow as a novel approach to assessing regional pulmonary mechanics by electrical impedance tomography: an observational validation study

**Manuscript number (if known):** ATM-22-3420 \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	Awaiting decision from the European patent office with regard to the algorithm, as presented in this manuscript,
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

The author reports that he is awaiting decision from the European patent office with regard to the algorithm, as presented in this manuscript.

**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: 7 September 2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Frans de Jongh \_\_\_\_\_  
 Manuscript Title: Regional peak flow as a novel approach to asses regional pulmonary mechanics by electrical impedance tomography: an observational validation study \_\_\_\_\_  
 Manuscript number (if known):\_ ATM-22-3420 \_\_\_\_\_

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4	Consulting fees	None	

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

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

The author reports that he is an unpaid Assesment Director of The European Respiratory Society.

**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: 7.9.2022

Your Name: Ruud Seger

Manuscript Title: *Regional peak flow as a novel approach to assessing regional pulmonary mechanics by electrical impedance tomography: an observational validation study*

Manuscript number (if known): ATM-22-3420

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## ICMJE DISCLOSURE FORM

Date: 7.9.2022

Your Name: Iwan van der Horst

Manuscript Title: *Regional peak flow as a novel approach to assessing regional pulmonary mechanics by electrical impedance tomography: an observational validation study*

Manuscript number (if known): ATM-22-3420

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## ICMJE DISCLOSURE FORM

Date: 8.9.2022

Your Name: B.C.T van Bussel

Manuscript Title: *Regional peak flow as a novel approach to assessing regional pulmonary mechanics by electrical impedance tomography: an observational validation study*

Manuscript number (if known): ATM-22-3420

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## ICMJE DISCLOSURE FORM

Date: 4-9- 2022

Your Name: Dennis CJJ Bergmans

Manuscript Title: Regional peak flow as a novel approach to assessing regional pulmonary mechanics by electrical impedance tomography: an observational validation study.

Manuscript number (if known): ATM-22-3420

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<b>Time frame: past 36 months</b>			
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7	Support for attending meetings and/or travel	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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