

ICMJE DISCLOSURE FORM

Date: Nov. 15th, 2021

Your Name: Yunlong Li

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

Manuscript number (if known): _____

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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		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.	State Commission of Science & Technology of China.	Grant 2016YFC0104100
		National Natural Science Foundation of China.	Grant 81901843
		Jiangsu Province Science & Technology Department.	BE2016731
		Jiangsu Province Science & Technology Department.	BE2018698
Time frame: past 36 months			
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	
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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	<input checked="" type="checkbox"/> None	
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 the funding from State Commission of Science & Technology of China (Grant 2016YFC0104100), National Natural Science Foundation of China (Grant 81901843), Jiangsu Province Science & Technology Department (BE2016731 and BE2018698).

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: Nov. 15th, 2021

Your Name: Qi You

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 15th, 2021

Your Name: Ziyang Wang

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 15th, 2021

Your Name: Ying Cao

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

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ICMJE DISCLOSURE FORM

Date: Nov. 15th, 2021

Your Name: Christopher J. Butch

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

Manuscript number (if known): _____

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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	Nanjing Nuoyuan Medical Devices Co. Ltd	Paid monthly
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	
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ICMJE DISCLOSURE FORM

Date: Nov. 15th, 2021

Your Name: Nida El Islem Guissi

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

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ICMJE DISCLOSURE FORM

Date: Nov. 15th, 2021

Your Name: Huiming Cai

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

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13	Other financial or non-financial interests	Nanjing Nuoyuan Medical Devices Co. Ltd	Owner and CEO

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ICMJE DISCLOSURE FORM

Date: Nov. 15th, 2021

Your Name: Yiqing Wang

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

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Date: Nov. 15th, 2021

Your Name: Qian Lu

Manuscript Title: A study on setting standards for near-infrared fluorescence-image guided surgery (NIRFGS) time lapse monitoring based on preoperative liver function assessment

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