ICMJE DISCLOSURE FORM

Date:	.08/21/2023
Your Name:	Kelsey J. Tu
Manuscript Ti	tle: A Narrative Review on the Use of Near-Infrared Spectroscopy to Monitor Bladder Volume and In Vitro
Validation Ap	proaches
Manuscript no	umber (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.

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

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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.

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

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

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Date:08/	/21/2023
Your Name:Je	esse H. Lam
Manuscript Title:	A Narrative Review on the Use of Near-Infrared Spectroscopy to Monitor Bladder Volume and In Vitro
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Manuscript numl	ber (if known):
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		- : .	26 1
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13	Other financial or non-	None	
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ICMJE DISCLOSURE FORM

Date:09/08/2023	
Your Name:Sehwan Kim _	
Manuscript Title: A Narrative	Review on the Use of Near-Infrared Spectroscopy to Monitor Bladder Volume and In Vitro
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Manuscript number (if knowr	n): TAU-23-297-R2
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6	Payment for expert testimony	None	
	testimony		
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11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
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