

ICMJE DISCLOSURE FORM

Date: March 2nd, 2023

Your Name: Svein-Erik Måsøy

Manuscript Title: Aberration correction in 2D echocardiography

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.

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

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.		
		Norwegian University of Science and Technology (NTNU)	I have been 100% employed at NTNU during the entire phase of the work reported in this paper.
		GE HealthCare	Since 2 nd of May 2022, I have had a 20% position at GE Vingmed Ultrasound AS as an R&D engineer, a subdivision of GE HealthCare.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		
		CIUS	NTNU and GE Vingmed Ultrasound AS are collaborating on a mutually funded grant called The Centre for Innovative Ultrasound Solutions, with funding from 22

			private and public institutions in Norway.
3	Royalties or licenses	Adapt	I have received a bonus from NTNU due to a license agreement between NTNU and GE Vingmed Ultrasound AS about the Adapt technology.
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	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:

In addition to being 100% employed by The Norwegian University of Science and Technology, I have a 20% position in GE Vingmed Ultrasound AS, which potentially benefits from documenting the medical benefits of adaptive imaging as implemented on their ultrasound systems.

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: Feb 28, 2023

Your Name: Bastien Dénarié

Manuscript Title: Aberration correction in 2D echocardiography

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.

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

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.		
		GE HealthCare	I'm a salaried employee of GE Vingmed Ultrasound AS
			which is a division of GE HealthCare working with
			development of cardiovascular ultrasound imaging
			devices.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None which were not	
		Indicated in item 1	
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	
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:

I am paid a salary by GE HealthCare, which potentially benefits from documenting the medical benefits of adaptive imaging as implemented on their ultrasound imagers.

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

 X 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: Feb 24, 2023

Your Name: Anders R. Sørnes

Manuscript Title: Aberration correction in 2D echocardiography

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.

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

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.		
		GE Healthcare	I'm a salaried employee of GE Healthcare, Cardiovascular Ultrasound Imaging.
			All my contributions has been conducted under this
			Funding and as part of this work.
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	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	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:

I am an employee in GE Healthcare CardioVascular Ultrasound, and as such is paid a salary. My employer potentially benefits from documenting the medical benefits of adaptive imaging as implemented on our GEHC ultrasound imagers.

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

X 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: 2802_2023
 Your Name: Espen Holte
 Manuscript Title: Aberration correction in 2D echocardiography
 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.

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

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	___ 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	___ 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:

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: Feb 24 2023
 Your Name: Bjørnar Grenne
 Manuscript Title: Aberration correction in 2D echocardiography
 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.

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

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

None

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: Feb. 27th, 2023
 Your Name: Torvald Espeland
 Manuscript ID: QIMS-22-895-R1
 Manuscript title: Aberration correction in 2D echocardiography

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.

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

None.

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.

ICMJJE DISCLOSURE FORM

Date: March 2nd, 2023

Your Name: Erik Andreas Rye Berg

Manuscript Title: Aberration correction in 2D echocardiography

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.		
		none	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	CIUS	I have received PhD funding from The Centre for Innovative Ultrasound Solutions, where GE Vingmed Ultrasound AS is one of 22 private and public funding partners
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	
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:

I have received PhD funding from The Centre for Innovative Ultrasound Solutions, where GE Vingmed Ultrasound AS is one of 22 private and public funding partners

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: Feb. 25th, 2021

Your Name: Ole Marius Hoel Rindal

Manuscript Title: Aberration correction in 2D echocardiography

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.

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

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.	CIUS	Centre for Innovative Ultrasound Solutions under the Research Council of Norway Project Code 237887 where GE Vingmed Ultrasound AS is a industry partner.
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	GE Womens Health Austria	GE have funded research consultant projects for SINTEF AS where I was party employed until 1. January 2023. Not directly related to the content of the manuscript, but related to medical ultrasound imaging in general.
		GE Vingmed Ultrasound AS	
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	<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:

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: Feb 24, 2023

Your Name: Wayne Rigby

Manuscript Title: Aberration correction in 2D echocardiography

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.		
		GE Research	I'm a salaried employee of GE Research; GE Research
			Is funded by contracts with many GE businesses,
			Including the Ultrasound imaging divisions of GE
			Healthcare, and by the US Government, such as DARPA.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None which were not indicated in item 1	
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	
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:

I am paid a salary by GE, which potentially benefits from documenting the medical benefits of adaptive imaging as implemented on their ultrasound imagers.

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

X 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: March 02, 2023

Your Name: Tore Grüner Bjåstad

Manuscript Title: Aberration correction in 2D echocardiography

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.

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

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.	GE Vingmed Ultrasound	I've worked both directly for GE Vingmed Ultrasound and through Consultancy Company InPhase Solutions AS during the work done in this manuscript.
		NTNU	I've also had a part time position at the Norwegian University of Science and Technology. Parts of my contributions to this work came through this position.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None which were not	
		Indicated in item 1	

3	Royalties or licenses	Yes, from NTNU	Reward related to licensing of technology/algorithms used in this work.
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		
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:

I am paid a salary by GE HealthCare, which potentially benefits from documenting the medical benefits of adaptive imaging as implemented on their ultrasound imagers.

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.