

## ICMJE DISCLOSURE FORM

Date: 03/26/2021

Your Name: Labrinus van Manen

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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)
<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>	__X__ None	
<b>Time frame: past 36 months</b>			
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:**

No conflict of interest

**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: 03/26/2021

Your Name: Willem Birkhoff

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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## ICMJE DISCLOSURE FORM

Date: 03/26/2021

Your Name: Jeroen Eggermont

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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## ICMJE DISCLOSURE FORM

Date: 03/27/2021

Your Name: Richelle J. Hoveling

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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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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 type="checkbox"/> Yes	Richelle J. Hoveling is an employee/paid consultant for Quest Medical Imaging.

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

Richelle J. Hoveling is an employee/paid consultant for Quest Medical Imaging.

**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: 03/25/2021

Your Name: Philip Nicklin

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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## ICMJE DISCLOSURE FORM

Date: 03/25/2021

Your Name: Jacobus Burggraaf

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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## ICMJE DISCLOSURE FORM

Date: 03/25/2021

Your Name: Roger Wilson

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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## ICMJE DISCLOSURE FORM

Date: 03/25/2021

Your Name: Sven Mieog

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

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## ICMJE DISCLOSURE FORM

Date: 03/26/2021

Your Name: Dominic Robinson

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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## ICMJE DISCLOSURE FORM

Date: 03/25/2021

Your Name: Alexander Vahrmeijer

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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## ICMJE DISCLOSURE FORM

Date: 03/25/2021

Your Name: Michelle S Bradbury

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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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)
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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	
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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:**

No conflict of interest

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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: 03/26/2021

Your Name: Jouke Dijkstra

Manuscript Title: Validation of a novel snapshot hyperspectral camera for detection of cutaneous oxygen saturation: a preliminary study

Manuscript number (if known): QIMS-21-46-R1

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