

## ICMJE DISCLOSURE FORM

Date: Sep 1<sup>st</sup>, 2021

Your Name: Bo Fu

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

Manuscript number (if known): QIMS-21-605-R2

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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		Beijing Natural Science Foundation (4202044)	
		Open Fund of IPOC (BUPT)	
		Fundamental Research Funds for the Central Universities	
<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 type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

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## ICMJE DISCLOSURE FORM

Date: Sep 1<sup>st</sup>, 2021

Your Name: Yuan Cheng

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

Manuscript number (if known): QIMS-21-605-R2

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## ICMJE DISCLOSURE FORM

Date: Sep 1<sup>st</sup>, 2021

Your Name: Ce Shang

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

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## ICMJE DISCLOSURE FORM

Date: Sep 1<sup>st</sup>, 2021

Your Name: Jing Li

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

Manuscript number (if known): QIMS-21-605-R2

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## ICMJE DISCLOSURE FORM

Date: Sep 1<sup>st</sup>, 2021

Your Name: Gang Wang

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

Manuscript number (if known): QIMS-21-605-R2

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## ICMJE DISCLOSURE FORM

Date: Sep 1<sup>st</sup>, 2021

Your Name: Chenghong Zhang

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

Manuscript number (if known): QIMS-21-605-R2

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## ICMJE DISCLOSURE FORM

Date: Sep 1<sup>st</sup>, 2021

Your Name: Jingxuan Sun

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

Manuscript number (if known): QIMS-21-605-R2

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Date: Sep 1<sup>st</sup>, 2021

Your Name: Jianguo Ma

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

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Date: Sep 1<sup>st</sup>, 2021

Your Name: Xunming Ji

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

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

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

The work was partly supported by the National Key Research and Development Program of China (2018YFB2003200), National Natural Science Foundation of China (62071016), Beijing Natural Science Foundation (4202044), Open Fund of IPOC (BUPT), and Fundamental Research Funds for the Central Universities.

**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: Sep 1<sup>st</sup>, 2021

Your Name: Boqu He

Manuscript Title: Optical ultrasound sensors for photoacoustic imaging

Manuscript number (if known): QIMS-21-605-R2

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>	National Key Research and Development Program of China (2018YFB2003200)	
		National Natural Science Foundation of China (62071016)	
		Beijing Natural Science Foundation (4202044)	
		Open Fund of IPOC (BUPT)	
		Fundamental Research Funds for the Central Universities	
<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 type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> X <input type="checkbox"/> None	
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