

ICMJE DISCLOSURE FORM

Date: March 7th, 2022

Your Name: Sara Cappelletti

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-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.

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.	DIALYBRID Srl	Monthly salary
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	

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:

The author is employed at DIALYBRID Srl.

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: March 4th, 2022

Your Name: Alessandro Caimi

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-R2

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4	Consulting fees	__X__ None	

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ICMJE DISCLOSURE FORM

Date: March 7th, 2022

Your Name: Alice Caldiroli

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-R2

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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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 checked="" type="checkbox"/> None	

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

The author is employed at Bioengineering Laboratories Srl, which is partner of the SILKELASTOGRAFT project and major shareholder of DIALYBRID Srl.

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: March 4th, 2022

Your Name: Irene Baroni

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-R2

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4	Consulting fees	__X__ None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: March 4th, 2022

Your Name: Emiliano Votta

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-R2

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4	Consulting fees	__X__ None	

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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: Mar 7th, 2022

Your Name: Stefania Adele Riboldi

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-R2

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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	EP3532115B1 US11213612B2	Co-inventor of patent concerning vascular grafts Co-inventor of patent concerning vascular grafts
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 is employed at DIALYBRID Srl and co-inventor of patents concerning vascular grafts.

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

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ICMJE DISCLOSURE FORM

Date: March 4th, 2022

Your Name: Massimiliano M. Marrocco-Trischitta

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-R2

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ICMJE DISCLOSURE FORM

Date: March 4th, 2022

Your Name: Alberto Redaelli

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

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ICMJE DISCLOSURE FORM

Date: March 4th, 2022

Your Name: Francesco Sturla

Manuscript Title: Non-invasive estimation of vascular compliance and distensibility in the arm vessels: a novel ultrasound-based protocol

Manuscript number (if known): QIMS-21-987-R2

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3	Royalties or licenses	__X__ None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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