

## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Celine Delestrain

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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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3	Royalties or licenses	<u>  X  </u> 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: Jan. 18<sup>th</sup>, 2023

Your Name: Camille Jung

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Aline Malterre

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Claire Jourdain

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Carine Vastel-Amzallag

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Mickael Shum

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Francesco Cuccioli

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Pauline Parisot

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Nouria Tahri

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Mylene Mabille

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023

Your Name: Emilie Georget

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

Manuscript number (if known): TP-22-569

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4	Consulting fees	<u>  X  </u> 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	
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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	
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Please summarize the above conflict of interest in the following box:

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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: Jan. 18<sup>th</sup>, 2023

Your Name: Fouad Madhi

Manuscript Title: Comparison of telerobotic and conventional ultrasonography in children: A crossover monocentric pilot study.

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Date: Jan. 18<sup>th</sup>, 2023

Your Name: Ralph Epaud

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