

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Yu-Jin

2. Surname (Last Name)

Lee

3. Date

01-April-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jonathan Sorger

5. Manuscript Title

A narrative review of fluorescence imaging in robotic-assisted surgery

6. Manuscript Identifying Number (if you know it)

LS-2020-CAFILS-01(LS-20-98)

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Section 6. Disclosure Statement

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Dr. Lee has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nynke	2. Surname (Last Name) van den Berg	3. Date 01-April-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonathan Sorger
5. Manuscript Title A Narrative Review of Fluorescence Imaging in Robotic-Assisted Surgery		
6. Manuscript Identifying Number (if you know it) LS-2020-CAFILS-01(LS-20-98)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Surgical, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dr. Van den Berg is an employee of Intuitive Surgical, Inc

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. van den Berg reports other from Intuitive Surgical, Inc, outside the submitted work; .

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Section 1.

Identifying Information

1. Given Name (First Name)

Ryan

2. Surname (Last Name)

Orosco

3. Date

01-April-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jonathan Sorger

5. Manuscript Title

A narrative review of fluorescence imaging in robotic-assisted surgery

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Identifying Information

1. Given Name (First Name)

Eben

2. Surname (Last Name)

Rosenthal

3. Date

01-April-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jonathan Sorger

5. Manuscript Title

A Narrative Review of Fluorescence Imaging in Robotic-Assisted Surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Rosenthal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Sorger	3. Date 29-June-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title A Narrative Review of Fluorescence Imaging in Robotic-Assisted Surgery		
6. Manuscript Identifying Number (if you know it) LS-2020-CAFILS-01(LS-20-98)		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee compensation (salary + stock)

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Sorger is an employee of Intuitive Surgical and has received salary and stock from the Company.

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