ICMJE DISCLOSURE FORM

Date: _____October 26th, 2021_____

Your Name: _____Victoria Tucci_____

Manuscript Title: _____Factors Influencing Trust in Medical Artificial Intelligence for Healthcare Professionals

Manuscript number (if known): __JMAI-21-25-CL

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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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.**	__X__None	
Time frame: past 36 months			
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	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X_None	
13	Other financial or non-financial interests	__X__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:

__X_ 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:___October 26th, 2021_____

Your Name:__Joan Saary, MD, PhD, FRCPC_____

Manuscript Title:_Factors Influencing Trust in Medical Artificial Intelligence for Healthcare Professionals

Manuscript number (if known):_____ JMAI-21-25-CL

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colspan	**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.**	None __X__	
	**Time frame: past 36 months**		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None__X__	
3	Royalties or licenses	None __X__	
4	Consulting fees	None __X__	
5		None _X___	

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

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_X_ 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:____November 11, 2021_____
Your Name Thomas E. Doyle, PhD
Manuscript Title: Factors Influencing Trust in Medical Artificial Intelligence for Healthcare Professionals
Manuscript number (if known):_____ JMAI-21-25-R2

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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)
	**Time frame: Since the initial planning of the work**
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colspan=4	**Time frame: past 36 months**
2	Grants or contracts from any entity (if not indicated in item #1 above).	DND Canada	Innovation for Defence Excellence and Security Program awarded research contract to study Barriers to Adoption of Autonomy, specifically for medical advisory systems.
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	__X__None	
6	Payment for expert testimony	_X___None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	Patent application in process for "Method for Enabling Trust in Collaborative Research"	US Patent Application Publication US 2020/0074118 A1, March 5, 2020.
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X___None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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

This work was supported by the Canadian Department of National Defence's Innovation for Defence Excellence and Security (IDEaS) Program for the study of Barriers to the Adoption of Autonomy, specifically autonomous medical advisory systems. A US Patent Application (US 2020/0074118 A1, March 5, 2020) is in process for "Method for Enabling Trust in Collaborative Research".

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.