

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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)
Alauddin

2. Surname (Last Name)
Bhuiyan

3. Date
07-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Combined Automated Screening for Age-related Macular Degeneration and Diabetic Retinopathy in Primary Care Settings

6. Manuscript Identifying Number (if you know it)
AES-2020-RID-07(AES-20-114)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
iHealthScreen Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
iHealthScreen Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	receive salary

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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. Bhuiyan reports grants from iHealthScreen Inc., during the conduct of the study; other from iHealthScreen Inc., outside the submitted work; .

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) Arun	2. Surname (Last Name) Govindaiah	3. Date 08-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alauddin Bhuiyan
5. Manuscript Title Combined Automated Screening for Age-related Macular Degeneration and Diabetic Retinopathy in Primary Care Settings		
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH SBIR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
iHealthscreen Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Salary

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Section 1. Identifying Information

1. Given Name (First Name)

Sharmina

2. Surname (Last Name)

Alauddin

3. Date

07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Alauddin Bhuiyan

5. Manuscript Title

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Dr. Alauddin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Os car

2. Surname (Last Name)

Otero-Marquez

3. Date

07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Alauddin Bhuiyan

5. Manuscript Title

Combined Automated Screening for Age-related Macular Degeneration and Diabetic Retinopathy in Primary Care Settings

6. Manuscript Identifying Number (if you know it)

AES-2020-RID-07(AES-20-114)

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Dr. Otero-Marquez 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) R Theodore 2. Surname (Last Name) Smith 3. Date 30-June-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Combined Automated Screening for Age-related Macular Degeneration and Diabetic Retinopathy in Primary Care Settings

6. Manuscript Identifying Number (if you know it)
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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
the multi excitation image analysis technique for hyperspectral AF imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Smith reports In addition, Dr. Smith has a patent the multi excitation image analysis technique for hyperspectral AF imaging issued.

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