

#### **Instructions**

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## 3. Relevant financial activities outside the submitted work.

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Bhuiyan 1



| Section 1.  |  |   |  |  |   |                                |
|---|--|---|--|--|---|--------------------------------|
|   | Identifying Inforr   | nation  |  |  |   |                                |
| 1. Given Name (Fi   | rst Name)  | 2. Surname (Last Name<br>Bhuiyan  | e)   |  | 3. Date<br>07-July-2020                         |                                |
| 4. Are you the cor  | responding author?   | ✓ Yes No  |  |  |   |                                |
| 5. Manuscript Title<br>Combined Autor   |  | ge-related Macular Deg  | generation and Dia   | betic Retinopa   | athy in Primary Ca                              | are Settings                   |
| 6. Manuscript Ider<br>AES-2020-RID-07   | ntifying Number (if you k<br>7(AES-20-114)   | now it)   |  |  |   |                                |
|   |  |   |  |  |   |                                |
| Section 2.  | The Work Under C   | ionsideration for Pu  | blication  |  |   |                                |
|   | submitted work (includin etc.)?  | eive payment or services fig but not limited to grants  |  |  |   |                                |
| Are there any rel   | evant conflicts of inter   | est?   ✓   Yes   N  | 0  |  |   |                                |
| If yes, please fill o   | out the appropriate inf  | ormation below. If you  |  | ne entity press  | the "ADD" butto                                 | n to add a row                 |
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| If yes, please fill of Excess rows can Name of Institute HealthScreen Inc.  Section 3.  Place a check in to f compensation clicking the "Add Are there any release. | Relevant financial the appropriate boxes ) with entities as described. You should re- evant conflicts of inter-                              | Grant? Personal Fees?  Activities outside the in the table to indicate ribed in the instructions eport relationships that rest? Yes N                 | Non-Financial Support?  The submitted wowhether you have so one line for every were present during the submitted work which we | comments of the comments of th | nents<br>ionships (regardl<br>d as many lines a | ess of amount<br>s you need by |
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Bhuiyan 2



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Govindaiah 1



|   | ı  |  |                         |   |  |   |
|---|--|--|-------------------------|---|--|---|
| Section 1.  | Identifying Inform   | nation   |                         |   |  |   |
| 1. Given Name (Fi<br>Arun   | rst Name)  | 2. Surname (Last<br>Govindaiah                       | Name)                   |   | 3. Date<br>08-July-2020  |   |
| 4. Are you the corresponding author?  |  | ☐ Yes ✓ N  | •                       | Corresponding Author's Name<br>Alauddin Bhuiyan |  |   |
|   | 5. Manuscript Title<br>Combined Automated Screening for Age-related Macular Degeneration and Diabetic Retinopathy in Primary Care Settings |  |                         |   |  | S |
| 6. Manuscript Idea  | ntifying Number (if you kr<br>7(AES-20-114)  | now it)  |                         |   |  |   |
|   |  |  |                         |   |  |   |
| Section 2.  | The Work Under C   | onsideration fo                                      | r Publication           |   |  |   |
| any aspect of the s<br>statistical analysis,<br>Are there any rel<br>If yes, please fill o  | ubmitted work (including<br>etc.)?<br>evant conflicts of intere  | g but not limited to gest? Yes [ cormation below. If | grants, data monitoring | g board, stu                                    | nt, commercial, private foundation, etc<br>udy design, manuscript preparation,<br>ty press the "ADD" button to add a |   |
| Name of Institut  | ion/Company  | Grant? Person  |                         | Other?  | Comments   |   |
| NIH SBIR  |  | <b>✓</b>   |                         |   |  |   |
| Section 3.  |  |  |                         |   |  |   |
| Section 3.  | Relevant financial   | activities outsi                                     | de 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?  Yes  No  If yes, please fill out the appropriate information below. |  |  |                         |   |  |   |
| Name of Entity  |  | Grant? Person  | _                       | Other?  | Comments   |   |
| Healthscreen Inc  |  |  |                         | <b>✓</b>  | Salary   |   |

Govindaiah 2



| Section 4. Intellectual Property Patents & Copyrights   |
|---|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |
| Section 5. Relationships not covered above  |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?   |
| Yes, the following relationships/conditions/circumstances are present (explain below):  |
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| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement   |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.   |
| Dr. Govindaiah reports grants from NIH SBIR, during the conduct of the study; other from iHealthscreen Inc, outside the submitted work;.  |

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Alauddin 1



| Section 1. Identifying Inform   |                                    |  |  |
|---|------------------------------------|--|--|
| Identifying Inform  | nation                             |  |  |
| Given Name (First Name)     Sharmina  | 2. Surname (Last Name)<br>Alauddin | 3. Date<br>07-July-2020  |  |
| 4. Are you the corresponding author?  | ☐ Yes 🗸 No                         | Corresponding Author's Name Dr. Alauddin Bhuiyan   |  |
| 5. Manuscript Title<br>Combined Automated Screening for Ag  | ge-related Macular degene          | eration and diabetic Retinopathy in Primary Care Settings  |  |
| 6. Manuscript Identifying Number (if you ki<br>AES-2020-RID-07(AES-20-114)  | now it)                            | _  |  |
| Continu 2   |                                    |  |  |
| Section 2. The Work Under C   | onsideration for Public            | cation   |  |
| any aspect of the submitted work (including<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of inter  | g but not limited to grants, da    | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |  |
| Section 3. Relevant financial   | activities outside the s           | 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo |                                    |  |  |
| Section 4. Intellectual Proper  |                                    |  |  |
| Intellectual Prope  | rty Patents & Copyric              | ints ————————————————————————————————————  |  |
| Do you have any patents, whether plan   | ned, pending or issued, br         | roadly relevant to the work? Yes V No  |  |

Alauddin 2



| Section 5. Polationships not solvered above   |
|---|
| Relationships not covered above   |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?   |
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patent

1 Otero-Marquez



| Section 1.  |   |  |  |
|---|---|--|--|
| Identifying Inform  | nation                                  |  |  |
| Given Name (First Name) Os car  | 2. Surname (Last Name)<br>Otero-Marquez | 3. Date<br>07-July-2020  |  |
| 4. Are you the corresponding author?  | ☐ Yes ✓ No                              | Corresponding Author's Name<br>Alauddin Bhuiyan  |  |
| 5. Manuscript Title<br>Combined Automated Screening for Ag  | ge-related Macular Degene               | eration and Diabetic Retinopathy in Primary Care Settings  |  |
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| Section 2. The Work Under Co  | onsideration for Public                 | cation   |  |
|   |   | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation, |  |
| Are there any relevant conflicts of interest  | est? Yes ✓ No                           |  |  |
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| Section 3. Relevant financial   | activities outside the s                | submitted work.  |  |
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| Are there any relevant conflicts of intere  | est?                                    |  |  |
| Continue A  |   |  |  |
| Section 4. Intellectual Proper  | rty Patents & Copyrig                   | yhts   |  |
| Do you have any patents, whether plan   | ned, pending or issued, br              | oadly relevant to the work? Yes V No   |  |

Otero-Marquez 2



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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

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

## Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Smith 1



| Section 1.   | Identifying Infor                              | mation                         |   |
|--|--|--------------------------------|---|
| 1. Given Name (Fi<br>R Theodore                          | rst Name)                                      | 2. Surname (Last Name<br>Smith | 3. Date<br>30-June-2020   |
| 4. Are you the cor                                       | responding author?                             | ☐ Yes ✓ No                     | Corresponding Author's Name   |
| 5. Manuscript Title<br>Combined Auto                     |  | Age-related Macular Deg        | eneration and Diabetic Retinopathy in Primary Care Settings   |
| 6. Manuscript Ide<br>AES-2020-RID-07                     | ntifying Number (if you l<br>7(AES-20-114)     | know it)                       |   |
| Section 2.   |  |                                |   |
|  | •  | Consideration for Pu           |   |
| any aspect of the s<br>statistical analysis,             | submitted work (includir<br>etc.)?             | ng but not limited to grants   | om a third party (government, commercial, private foundation, etc.) for , data monitoring board, study design, manuscript preparation,  |
| Are there any rel  | evant conflicts of inte                        | rest?                          | 0   |
|  |  |                                |   |
| Section 3.   | Relevant financia                              | l activities outside th        | e submitted work.   |
| of compensation  | n) with entities as desc                       | ribed in the instructions      | whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> . |
| Are there any rel  | evant conflicts of inte                        | rest? Yes V                    | 0   |
|  |  |                                |   |
| Section 4.   | Intellectual Prope                             | erty Patents & Copy            | yrights   |
| Do you have any  | patents, whether pla                           | nned, pending or issued        | , broadly relevant to the work? 🗸 Yes 🔲 No  |
|  | out the appropriate in<br>be removed by pressi |                                | have more than one entity press the "ADD" button to add a row.  |
| Paten  | t? Pend  | ling? Issued? License          | d? Royalties? Licensee? Comments  |
| the multi excitation i<br>technique for hypers<br>maging |  |                                |   |

Smith 2



| Costion F                         |   |
|-----------------------------------|---|
| Section 5.                        | Relationships not covered above   |
|                                   | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?  |
| Yes, the follow                   | wing relationships/conditions/circumstances are present (explain below):  |
| ✓ No other rela                   | tionships/conditions/circumstances that present a potential conflict of interest  |
|                                   | nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>nals may ask authors to disclose further information about reported relationships. |
| Section 6.                        | Disclosure Statement  |
| Based on the abo                  | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box   |
| Dr. Smith reports imaging issued. | In addition, Dr. Smith has a patent the multi excitation image analysis technique for hyperspectral AF  |

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Smith 3