

ICMJE DISCLOSURE FORM

Date: 2024/1/11

Your Name: NAN LIN

Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis

Manuscript number (if known): _____

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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

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

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

No conflicts of interest to disclose.

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: 2024/1/11
 Your Name: Chong-Jiu Fan
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/1/11
 Your Name: Fu-Yuan Li
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
 Manuscript number (if known): _____

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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: 2024/1/11
 Your Name: Hui-Rong Luo
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/1/11
 Your Name: Yu-Mei Li
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
 Manuscript number (if known): _____

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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

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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: 1/11/2024

Your Name: Abhijit Duggal

Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis

Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH, CDC	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

The author receives grants or contracts from NIH, CDC.

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

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ICMJE DISCLOSURE FORM

Date: 01/11/2024
 Your Name: Bryan S. Benn
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
 Manuscript number (if known): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 2024/1/11
 Your Name: Ting Yan
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/1/11
 Your Name: Ling-Li Pan
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
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ICMJE DISCLOSURE FORM

Date: 2024/1/11
 Your Name: Zhong-Meng Lai
 Manuscript Title: Research trends and hotspots in the field of electrical impedance tomography for mechanical ventilation: a bibliometric analysis
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