# ICMJE DISCLOSURE FORM

Date:2/28/2023_			
Your Name: Dariush Shahsavari			
	enhanced Colonoscop supdates and r	prospects - A	Revie
Manuscript number (if known):	00 r		

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

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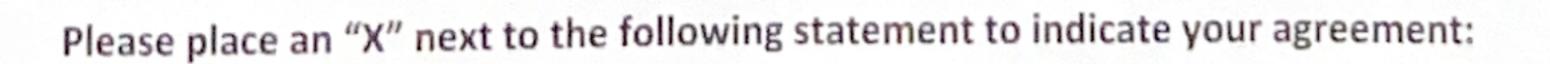
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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: pas	t 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	xNone	

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

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

No Conflict of interst.



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

### ICMJE DISCLOSURE FORM

Date: 02/28/2023	
Your Name: Muh	ammad Waqar
Manuscript Title:	IMAGE ENHANCED COLONOSCOPY: UPDATES
Manuscript number (if kno	own): AND PROSPECTS – A REVIEW

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	<u>✓</u> None	
		I	

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

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

No conflict of Interests

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:	02 28 2023
Your Name:_	VIVERSANDEER THOGULVVA CHANDRASEKAR
Manuscript T	ITTELE ENHANCED COLONOSUOPY: UPDATES AND PROSPECTS - A REVIEW
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None None	
		Time frame: pas	t 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	V None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	✓ None	
1	testimony	None	
7	Support for attending	✓ None	
	meetings and/or travel	<u>v</u> None	
-			
8	Patents planned, issued or	<u> </u>	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
		1	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

NO CONFLICT OF INTERESTS

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

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T.C. Vindesonderp 02/28/2023