ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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**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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Benjamin
2. Surname (Last Name)  Ecclestone
3. Date  10-August-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Parsin Haji Reza
5. Manuscript Title
   Towards virtual biopsies of gastrointestinal tissues using photoacoustic remote sensing microscopy
6. Manuscript Identifying Number (if you know it)
   ID QIMS-20-722

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ecclestone reports grants from illumiSonics Inc., grants from NSERC, grants from Mitacs, grants from New frontiers in research, grants from CFI, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Saad

2. **Surname (Last Name)**
   - Abbasi

3. **Date**
   - 30-July-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Towards virtual biopsies of gastrointestinal tissues using photoacoustic remote sensing microscopy

6. **Manuscript Identifying Number (if you know it)**
   - QIMS-20-722

**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.

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Dr. Abbasi reports grants from CFI, grants from New frontiers in research, grants from NSERC, grants from Mitacs, grants from illumiSonics Inc., during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kevan

2. Surname (Last Name)  
   Bell

3. Date  
   10-August-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Parsin Haji Reza

5. Manuscript Title  
   Towards virtual biopsies of gastrointestinal tissues using photoacoustic remote sensing microscopy

6. Manuscript Identifying Number (if you know it)  
   QIMS-20-722-R1

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Are there any relevant conflicts of interest?  
Yes ☑  No ☐

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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
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.

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I am not willing to disclose my other pending and planned IPs until they are publicly available

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Section 1. Identifying Information

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   Deepak

2. Surname (Last Name)  
   Dinakaran

3. Date  
   30-July-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
   Parsin Haji Reza

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   ✔ Yes  
   No

Are there any relevant conflicts of interest?  
   ✔ Yes  
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   ✔ No
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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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Dr. Dinakaran reports other from illumisonics inc., outside the submitted work; .

Evaluation and Feedback

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## Section 1. Identifying Information

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<tr>
<td>2. Surname (Last Name)</td>
<td>Bigras</td>
</tr>
<tr>
<td>3. Date</td>
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</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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</tr>
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## 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

## 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

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Bigras has nothing to disclose.

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Mackey
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Mackey

3. Date  
   03-August-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   Parsin Haji Reza

5. Manuscript Title  
   Towards virtual biopsies of gastrointestinal tissues using photoacoustic remote sensing microscopy

6. Manuscript Identifying Number (if you know it)  
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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?  
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☑ Yes  ☐ No  
If yes, please fill out the appropriate information below.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Parsin
2. Surname (Last Name)  Haji Reza
3. Date  10-August-2020
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
Towards virtual biopsies of gastrointestinal tissues using photoacoustic remote sensing microscopy

6. Manuscript Identifying Number (if you know it)

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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.

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</tr>
</tbody>
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I am not willing to disclose my other pending and planned IPs until they are publicly available

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