



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gian Luca

2. Surname (Last Name)
Baiocchi

3. Date
11-May-2018

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

5. Manuscript Title
ICG Fluorescence Imaging in Visceral and HBP Surgery: State-of-the-Art and Future Directions

6. Manuscript Identifying Number (if you know it)

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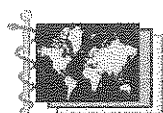
Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Karl Storz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GL Baiocchi received a travel grant from Karl Storz.
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GL Baiocchi received a travel grant from Stryker.

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. Baiocchi reports other from Karl Storz, other from Stryker, outside the submitted work, .

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Section 1. Identifying Information

1. Given Name (First Name)
Diana2. Surname (Last Name)
Diana3. Date
11-May-2018

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Gian Luca Baiocchi

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Are there any relevant conflicts of interest?

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ARC Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M Diana is the recipient of a grant from the ARC Foundation (Project ELIOS) to develop fluorescence-Image guided surgery.

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1. Given Name (First Name)
Luigi

2. Surname (Last Name)
Boni

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11-May-2018

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☐ Yes☒ No

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Gian Luca Baiocchi

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Are there any relevant conflicts of interest?

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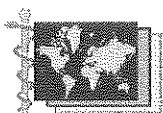
Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Karl Storz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L Boni is consultant for Karl Storz.
Olympus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L Boni is consultant for Olympus

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