

ICMJE DISCLOSURE FORM

Date: 8/14/2023

Your Name: Mina Ghatas

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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	

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

There is no conflict of interest to report.

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: 8/14/2023

Your Name: Linda Burkett

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): JNS-23-0020

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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.	<input type="checkbox"/> None	National Institute of Health Building Interdisciplinary Research Careers in Women's Health (No.K12HD108269)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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Author Linda Burkett reports receiving funding from National Institute of Health Building Interdisciplinary Research Careers in Women's Health (No. K12HD108269).

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ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Gabrielle Grob

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): JNS-23-0020

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ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Peter Daniels

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): JNS-23-0020

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ICMJE DISCLOSURE FORM

Date: 5-19-2023

Your Name: Lynn Stothers

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): _____

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Time frame: past 36 months			
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Please summarize the above conflict of interest in the following box:

The current study was funded by a multi-PI grant from the National Institutes of health (No. R21DK128649) award to Adam Klausner, John Speich, and Lynn Stothers (multi-PIs). The grant is focused on the application of brain fNIRS during bladder filling.

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

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ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Helen Query

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): JNS-23-0020

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ICMJE DISCLOSURE FORM

Date: 5/18/2023

Your Name: Micheal Shields

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): JNS-23-0020

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ICMJE DISCLOSURE FORM

Date: 5-19-2023

Your Name: John Speich

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): _____

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			Virginia Commonwealth University Presidential Research Quest Fund (No. 295166)
Time frame: past 36 months			
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 JES is also supported by Virginia Commonwealth University Presidential Research Quest Fund (No. 295166).

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ICMJE DISCLOSURE FORM

Date: 5-18-2023

Your Name: Adam P. Klausner

Manuscript Title: A Stepwise Approach for Functional Near Infrared Spectroscopy (fNIRS) Measurement during Natural Bladder Filling

Manuscript number (if known): _____

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