

ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Jeye Liu

Manuscript Title: Noncontact remote sensing of abnormal blood pressure using a deep neural network: A novel approach idea for hypertension screening

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.

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

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ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Hang Li

Manuscript Title: Noncontact remote sensing of abnormal blood pressure using a deep neural network: A novel approach idea for hypertension screening

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Venchas U

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ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Dong Lin Zhuang

Manuscript Title: Noncontact remote sensing of abnormal blood pressure using a deep neural network: A novel approach idea for hypertension screening

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ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Jayven Zhang

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Date: 03/07/2023

Your Name: Wenbin Ouyang

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Your Name: Shouzheng Wang

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ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Luca Bertolaccini

Manuscript Title: Noncontact remote sensing of abnormal blood pressure using a deep neural network: A novel approach idea for hypertension screening

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Date: 03/07/2023

Your Name: Ebrahim Alskaf

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