

ICMJE DISCLOSURE FORM

Date: 13/12/2023

Your Name: Nur Adila Binte Ahmad Hatib

Manuscript Title: A two-phased study on the use of remote photoplethysmography (rPPG) in paediatric care

Manuscript number (if known): ATM-23-1896

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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Date: 13/12/2023

Your Name: Jan Hau Lee

Manuscript Title: A two-phased study on the use of remote photoplethysmography (rPPG) in paediatric care

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Date: 13/12/2023

Your Name: Shu-Ling Chong

Manuscript Title: A two-phased study on the use of remote photoplethysmography (rPPG) in paediatric care

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Date: 13/12/2023

Your Name: Qian Wen Sng

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Date: 13/12/2023

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Date: 13/12/2023

Your Name: Gene Yong-Kwang Ong

Manuscript Title: A two-phased study on the use of remote photoplethysmography (rPPG) in paediatric care

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Your Name: Alicia May Lim

Manuscript Title: A two-phased study on the use of remote photoplethysmography (rPPG) in paediatric care

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Your Name: Bin Huey Quek

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Date: 13/12/2023

Your Name: Mee See How

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Your Name: Joel Meng Fai Chan

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Your Name: Seved Ehsan Saffari

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

There is no conflict of interest to declare.

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.