

ICMJE DISCLOSURE FORM

Date: 11/11/2024

Your Name: Angus I G Ramsay

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 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: 9/26/2024

Your Name: Kevin Herbert

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 10/15/2024

Your Name: Rachel Lawrence

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 9/30/2024

Your Name: Chris Sherlaw-Johnson

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

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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: 9/23/2024

Your Name: Stuti Bagri

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): Click or tap here to enter text.

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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ICMJE DISCLOSURE FORM

Date: 9/23/2024

Your Name: Nadia Crellin

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Emma Dodsworth

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 9/30/2024

Your Name: Holly Elphinstone

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): Click or tap here to enter text.

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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: 9/23/2024

Your Name: Amanda Halliday

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 10/2/2024

Your Name: Joanne Lloyd

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 11/11/2024

Your Name: Efthalia Massou

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 9/30/2024

Your Name: Raj Mehta

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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		Non-Executive Director on the Board of Evenbreak	
		Co-chair and Director on the Board of Shaping Our Lives	
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 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: 9/30/2024

Your Name: Stephen Morris

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 9/30/2024

Your Name: Pei Li Ng

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/23/2024

Your Name: Holly Walton

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 11/7/2023

Your Name: Naomi J. Fulop

Manuscript Title: Mixed-method evaluation of implementing artificial intelligence in chest diagnostics for lung disease

Manuscript Number (if known): Click or tap here to enter text.

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Non-Executive Director, Whittington Health NHS Trust Non-Executive Director, Covid-19 Bereaved Families for Justice UK </td> <td style="width: 50%;"></td> </tr> </table>	Non-Executive Director, Whittington Health NHS Trust Non-Executive Director, Covid-19 Bereaved Families for Justice UK								
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		<p>Trustee, Health Service Research UK (to November 2022)</p> <p>Formerly a member of the following: the UKRI and NIHR College of Experts for Covid-19 Research Funding (2020), the NIHR Health Services and Delivery Research (HS&DR) Programme Funding Committee (2013-2018), and the HS&DR Evidence Synthesis Sub Board (2016).</p>	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.