

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Andrew

2. Surname (Last Name)

Grace

3. Date

17-January-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

High Resolution Non-Contact Charge Density Mapping of Endocardial Activation

6. Manuscript Identifying Number (if you know it)

126422-INS-CMED-TR-2

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

ADD

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

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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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Generate Disclosure Statement

Dr. Grace has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christoph	2. Surname (Last Name) Scharf	3. Date 17-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Andrew Grace
5. Manuscript Title High Resolution Non-Contact Charge Density Mapping of Endocardial Activation		
6. Manuscript Identifying Number (if you know it) 126422-INS-CMED-TR-2		

Section 2. The Work Under Consideration for Publication

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

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Section 3. Relevant financial activities outside the submitted work.

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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	
Acutus Medical	☐	☐	☐	☒	Founder and stockholder	X
						ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
US20170100049	☐	☒	☒	☒	Acutus medical		X ADD

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Dr. Scharf reports other from Acutus Medical, outside the submitted work; In addition, Dr. Scharf has a patent US20170100049 with royalties paid to Acutus medical.

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1. Given Name (First Name) Gunter	2. Surname (Last Name) Scharf	3. Date 17-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Andrew Grace
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Dr. Scharf has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Graydon	2. Surname (Last Name) Beatty	3. Date 26-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Andrew Grace
5. Manuscript Title High Resolution Non-Contact Charge Density Mapping of Endocardial Activation		
6. Manuscript Identifying Number (if you know it) 126422-INS-CMED-TR-2		

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Acutus Medical	☐	☒	☐	☐	Employee	X
Acutus Medical	☐	☐	☐	☒	Stock Option Holder	X
						ADD

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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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
US20180146948A1	☐	☒	☐	☐			X
20190021673	☒	☐	☐	☐			X
10004459	☐	☒	☐	☐			X
20170202469	☐	☒	☐	☐			X
20180296114	☐	☒	☐	☐			X
							ADD

Section 5. Relationships not covered above

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Dr. Beatty reports personal fees from Acutus Medical, other from Acutus Medical, during the conduct of the study; In addition, Dr. Beatty has a patent US20180146948A1 issued, a patent 20190021673 pending, a patent 10004459 issued, a patent 20170202469 issued, and a patent 20180296114 issued.

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Section 1. Identifying Information

1. Given Name (First Name) Stephan	2. Surname (Last Name) Willems	3. Date 17-January-2019
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Corresponding Author's Name Andrew Grace		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Abbott	☒	☒	☐	☒	study funding	X
Boston Scientific	☐	☒	☐	☒	study funding	X
Boehringer Ingelheim	☐	☒	☐	☐		X
Bristol Myers Squibb	☐	☒	☐	☐		X
Daiichi Sankyo	☐	☒	☐	☐		X
Medtronic	☐	☒	☐	☐		X
Biotronik	☒	☒	☐	☐		X
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Dr. Willems reports grants, personal fees and other from Abbott, personal fees and other from Boston Scientific, personal fees from Boehringer Ingelheim, personal fees from Bristol Myers Squibb, personal fees from Daiichi Sankyo, personal fees from Medtronic, grants and personal fees from Biotronik, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Meyer	3. Date 17-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		
Corresponding Author's Name Andrew Grace		
5. Manuscript Title High Resolution Non-Contact Charge Density Mapping of Endocardial Activation		
6. Manuscript Identifying Number (if you know it) 126422-INS-CMED-TR-2		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Abbott	☐	☒	☐	☒	Study funding	X
Boston Scientific	☐	☒	☐	☒	Study funding	X
Boehringer Ingelheim	☐	☒	☐	☐		X
Bristol Myers Squibb	☐	☒	☐	☐		X
Daiichi Sankyo	☐	☒	☐	☐		X
Biotronik	☐	☒	☐	☐		X
Acutus	☐	☒	☐	☒	Study funding	X
Medtronic	☐	☒	☐	☐		X
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Atul	2. Surname (Last Name) Verma	3. Date 17-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Andrew Grace
5. Manuscript Title High Resolution Non-Contact Charge Density Mapping of Endocardial Activation		
6. Manuscript Identifying Number (if you know it) 126422-INS-CMED-TR-2		

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

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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	
Bayer	☒	☐	☐	☐		X
Biosense	☐	☒	☐	☐		X
Medtronic	☐	☒	☐	☐		X
						ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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Section 6.

Disclosure Statement

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Generate Disclosure Statement

Dr. Verma reports grants from Bayer, personal fees from Biosense, personal fees from Medtronic, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Patrick

2. Surname (Last Name)

Heck

3. Date

17-January-2019

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Andrew Grace

5. Manuscript Title

High Resolution Non-Contact Charge Density Mapping of Endocardial Activation

6. Manuscript Identifying Number (if you know it)

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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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Dr. Heck has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Acutus Medical	☐	☒	☐	☐	Employee	X
Acutus Medical	☐	☐	☐	☒	Stock Option Holder	X
						ADD

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Zhou reports personal fees from Acutus Medical, other from Acutus Medical, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Xinwei	Shi	26-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		
Corresponding Author's Name		
Andrew Grace		
5. Manuscript Title		
High Resolution Non-Contact Charge Density Mapping of Endocardial Activation		
6. Manuscript Identifying Number (if you know it)		
126422-INS-CMED-TR-2		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Acutus Medical	☐	☒	☐	☐	Employee	X
Acutus Medical	☐	☐	☐	☒	Stock Option Holder	X
						ADD

Section 3. Relevant financial activities outside the submitted work.

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

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
20180296116	☐	☒	☐	☐			X
							ADD

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Section 1. Identifying Information

1. Given Name (First Name) Derrick	2. Surname (Last Name) Chou	3. Date 26-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Andrew Grace
5. Manuscript Title High Resolution Non-Contact Charge Density Mapping of Endocardial Activation		
6. Manuscript Identifying Number (if you know it) 126422-INS-CMED-TR-2		

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Acutus Medical	☐	☒	☐	☐	Employee	X
Acutus Medical	☐	☐	☐	☒	Stock Option Holder	X
						ADD

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
WO2014124231A1	☐	☒	☐	☐			X
US20180146948A1	☐	☒	☐	☐			X
US20180296114A1	☐	☒	☐	☐			X
20180296114	☐	☒	☐	☐			X
							ADD

Section 5.

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1. Given Name (First Name) Lam	2. Surname (Last Name) Dang	3. Date 17-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		
Corresponding Author's Name Andrew Grace		
5. Manuscript Title High Resolution Non-Contact Charge Density Mapping of Endocardial Activation		
6. Manuscript Identifying Number (if you know it) 126422-INS-CMED-TR-2		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Acutus Medical Inc	☐	☒	☐	☐		X
						ADD

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Section & Topic	No	Item	Reported on page #
TITLE OR ABSTRACT			
	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	2
ABSTRACT			
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	2
INTRODUCTION			
	3	Scientific and clinical background, including the intended use and clinical role of the index test	3
	4	Study objectives and hypotheses	3/4
METHODS			
<i>Study design</i>	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	
<i>Participants</i>	6	Eligibility criteria	
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	23
	8	Where and when potentially eligible participants were identified (setting, location and dates)	23
	9	Whether participants formed a consecutive, random or convenience series	23
<i>Test methods</i>	10a	Index test, in sufficient detail to allow replication	9
	10b	Reference standard, in sufficient detail to allow replication	
	11	Rationale for choosing the reference standard (if alternatives exist)	
	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	9
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	
	13a	Whether clinical information and reference standard results were available to the performers/readers of the index test	
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	
<i>Analysis</i>	14	Methods for estimating or comparing measures of diagnostic accuracy	
	15	How indeterminate index test or reference standard results were handled	
	16	How missing data on the index test and reference standard were handled	
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	
	18	Intended sample size and how it was determined	
RESULTS			
<i>Participants</i>	19	Flow of participants, using a diagram	
	20	Baseline demographic and clinical characteristics of participants	23
	21a	Distribution of severity of disease in those with the target condition	
	21b	Distribution of alternative diagnoses in those without the target condition	
	22	Time interval and any clinical interventions between index test and reference standard	
<i>Test results</i>	23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	
	25	Any adverse events from performing the index test or the reference standard	
DISCUSSION			
	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	17
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