ICMJE DISCLOSURE FORM

Date: 9/7/2021

Your Name: Erik Edström

Manuscript Title: Radiation Distribution in a Hybrid Operating Room, Utilizing Different X-ray Imaging Systems: Investigations to Minimize Occupational Exposure

Manuscript Number (if known): neurintsurg-2021-018220

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**ICMJE DISCLOSURE FORM**

**Date:** 9/7/2021

**Your Name:** Artur Omar

**Manuscript Title:** Radiation Distribution in a Hybrid Operating Room, Utilizing Different X-ray Imaging Systems: Investigations to Minimize Occupational Exposure

**Manuscript Number (if known):** neurintsurg-2021-018220

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Date: 9/7/2021

Your Name: Erik Edström

Manuscript Title: Radiation Distribution in a Hybrid Operating Room, Utilizing Different X-ray Imaging Systems: Investigations to Minimize Occupational Exposure

Manuscript Number (if known): neurintsurg-2021-018220

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**Your Name:** Robert Vorbau  
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**Manuscript Number (if known):** neurintsurg-2021-018220

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