

### ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date. 11/25/2021

**Your Name:** Click or tap here to enter text. Eytan Raz

**Manuscript Title:** Click or tap here to enter text. Vessel-Wall Imaging with Advanced Flow Suppression in the Characterization of Intracranial Aneurysms Following Flow Diversion with Pipeline Embolization Device

**Manuscript Number (if known):** Click or tap here to enter text. 2021-018086

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:** 11/30/2021

**Your Name:** Adam Goldman-Yassen

**Manuscript Title:** Vessel-Wall Imaging with Advanced Flow Suppression in the Characterization of Intracranial Aneurysms Following Flow Diversion with Pipeline Embolization Device

**Manuscript Number (if known):** neurintsurg-2021-018086.R1

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>   	
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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>   	
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<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>2</b>			
<b>1</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 12/01/2021

**Your Name:** Anna Y. Derman, MD

**Manuscript Title:** Vessel-Wall Imaging with Advanced Flow Suppression in the Characterization of Intracranial Aneurysms Following Flow Diversion with Pipeline Embolization Device

**Manuscript Number (if known):** neurintsurg-2021-018086.R1

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**Date:** 12/01/2021

**Your Name:** Ahrya Derakhshani

**Manuscript Title:** Vessel-Wall Imaging with Advanced Flow Suppression in the Characterization of Intracranial Aneurysms Following Flow Diversion with Pipeline Embolization Device

**Manuscript Number (if known):** neurintsurg-2021-018086.R1

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>10</b>	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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	committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>			
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>2</b>			
<b>1</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
<b>3</b>		John Grinstead is a full time employee of Siemens Medical Solutions USA, Inc.	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

**ICMJE DISCLOSURE FORM**

**Date:** 11/30/2021

**Your Name:** Seena Dehkharghani

**Manuscript Title:** Vessel-Wall Imaging with Advanced Flow Suppression in the Characterization of Intracranial Aneurysms Following Flow Diversion with Pipeline Embolization Device

**Manuscript Number (if known):** neurintsurg-2021-018086.R1

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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		<small>Click the tab key to add additional rows.</small>	
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		Grant funding from undisclosed source for development of mobile stroke detection technology (paid to institution)	



		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>   	
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> Regeneron  	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>   	
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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>   	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> Patent pending for mobile stroke detection instrumentation using tissue electrical properties  	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>   	
<b>10</b>	Leadership or fiduciary role in other	<input checked="" type="checkbox"/> <b>None</b>  	

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	board, society, committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>			
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
<b>2</b>		Unpaid scientific collaborations with RAPID.AI	
<b>1</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>			
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			