

ICMJE DISCLOSURE FORM

Date: 2/8/2022

Your Name: Johannes Kaesmacher

Manuscript Title: Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT

Manuscript Number (if known): 2021-018312.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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr><td>Swiss Academy of Medical Sciences</td><td></td></tr> <tr><td>Swiss Stroke Society</td><td></td></tr> <tr><td>Clinical Trial Unit Bern</td><td></td></tr> </table>	Swiss Academy of Medical Sciences		Swiss Stroke Society		Clinical Trial Unit Bern	
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ICMJE DISCLOSURE FORM

Date: 2/8/2022

Your Name: Franca Wagner

Manuscript Title: Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT

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

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ICMJE DISCLOSURE FORM

Date: 2/8/2022

Your Name: Tomas Dobrocky

Manuscript Title: Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT

Manuscript Number (if known): neurintsurg-2021-018312

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ICMJE DISCLOSURE FORM

Date:2/14/2022

Your Name:Dr. med. Eike Immo Piechowiak

Manuscript Title:Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT

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

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ICMJE DISCLOSURE FORM

Date: 2/15/2022

Your Name: Jan Gralla

Manuscript Title: "Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT

Manuscript Number (if known): neurintsurg-2021-018312.R1

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ICMJE DISCLOSURE FORM

Date:2/8/2022

Your Name:Pasquale Mordasini

Manuscript Title:Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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ICMJE DISCLOSURE FORM

Date: 2/7/2022

Your Name: VALENTINA DAFNI PETROULIA

Manuscript Title: "Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT"

Manuscript Number (if known): neurintsurg-2021-018312.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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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ICMJE DISCLOSURE FORM

Date: 2/15/2022

Your Name: Sara M. Pilgram-Pastor

Manuscript Title: "Evaluation of Sine Spin Flat Detector CT Imaging Compared to Multidetector CT".

Manuscript Number (if known): neurintsurg-2021-018312.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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