Date:	3/9/2022	
Your Name:	ALBUCHER jean francois	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
Manuscript Number (if known):	neurintsurg-2022-018769.R1	

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None 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.		

Date:	3/9/2022
Your Name:	Caroline ARQUIZAN
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None 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.		

Date:	3/9/2022
Your Name:	ARTURO CONSOLI
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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Plea	Please place an "X" next to the following statement to indicate your agreement:		
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Date:	3/9/2022
Your Name:	Raphael BLANC
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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13	Other financial or non-financial interests	None None	
Plea	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 word	ding of any of the questions on this form.

Date:	3/9/2022
Your Name:	Dr Marion Boulanger
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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		Time frame: past 36 months	5
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3	Royalties or licenses	None None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	None	
Please place an "X" next to the following statement to indicate your agreement:				
	I certify that I have	answere	ed every question and have not altered the wor	ding of any of the questions on this form.

Date:	3/9/2022
Your Name:	Romain BOURCIER
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
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Date:	3/9/2022
Your Name:	Frédéric Bourdain
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
	THE DAKET HIME WINDOW. INCIDENCE AND TREDICTIONS
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

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er financial or financial ests	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.		
i i c	ipt of oment, rials, drugs, cal writing, or other ces r financial or financial ests	ipt of oment, rials, drugs, cal writing, or other ces r financial or financial essts None None

Date:	3/9/2022	
Your Name:	Jildaz CAROFF	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN	
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3	Royalties or licenses	None		

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	3/9/2022
Your Name:	Frederic CLARENCON
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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3	Royalties or licenses	None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None Medtronic	Payment made to me
		Stryker Balt	Payment made to me Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Penumbra Balt Medtronic	Payment made to me Payment made to me Payment made to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Clinsearch	Payment made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea [⊠]	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.			

Date:	3/9/2022
Your Name:	Darcourt Jean
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	

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Date:	3/9/2022
Your Name:	Cyril DARGAZANLI
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	

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		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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 word	ding of any of the questions on this form.

1

Date:	3/9/2022
Your Name:	Christian DENIER
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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	contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have	answered every question and have not altered the wor	ding of any of the questions on this form.

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		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	None	
Plea	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.			

Date:	3/9/2022
Your Name:	Francois EUGENE
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	3/9/2022	
Your Name:	Dr Evain Sarah	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
Manuscript Number (if known):	neurintsurg-2022-018769.R1	

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3	Royalties or licenses	None None	

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea [⊠]	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.		



5 Payment or

honoraria for lectures, presentations, speakers bureaus, manuscript writing or **⊠** None

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events	
6 Payment for	⊠ None
expert testimo	None None
7 Support for	
11	⊠ None
attending meetings and/o	
travel	OF The state of th
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8 Patents planned issued or	d, 🗵 None
pending	
pending	
9 Participation on	⊗ None
a Data Safety	
Monitoring Board or	
Advisory Board	
Advisory Board	
10 Leadership or	⊠ None
fiduciary role in	
other board,	
society,	
committee or	
advocacy group,	
paid or unpaid	
11 Stock or stock	⊠ None
options	
12 Receipt of	⊠ None
equipment,	
materials, drugs,	
medical writing,	
gifts or other	
services	
13 Other financial or non-financial	⊠ None
interests	
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Please place an "X" r	next to the following statement to indicate your agreement:
Leastify that I have	answered every question and have not altered the wording of any of the questions on this Stephanos tinits ICMJE Disclosure Form
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3 12/13/2021	ICMJE Disclosure Form
	DA/
	NO -

Date:	3/9/2022
Your Name:	Maxime GAUBERTI
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	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.			

Date:	3/9/2022
Your Name:	Gentric JC
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
•	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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3	Royalties or licenses	None None	

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4	Consulting fees	None Medtronic Stryker Balt	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None Balt	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Intradys	
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Date:	3/9/2022	
Your Name:	Benjamin GORY	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
Manuscript Number (if known):	neurintsurg-2022-018769.R1	

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13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	3/9/2022
Your Name:	Bertrand LAPERGUE
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	3/9/2022
Your Name:	Anthony LE BRAS
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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11	Stock or stock options		None	
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Date:	3/9/2022
Your Name:	Francisco MACIAN
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.		

Date:	3/9/2022	
Your Name:	Gaultier Marnat	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
Manuscript Number (if known):	neurintsurg-2022-018769.R1	

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3	Royalties or licenses	None None	

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4	Consulting fees	□ None Stryker	Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		Paid lecture Paid lecture
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		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.				

Date:	3/9/2022		
Your Name:	NAGGARA		
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN		
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS		
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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		relationship or indicate none (add rows as needed)	made to you or to your institution)
	Stock or stock options	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
	Other financial or non-financial interests	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.			

Date:	_3/9/2022		
Your Name:	Chrisanthi Papagiannaki		
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS		
Manuscript Number (if known):			

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3	#1 above). Royalties or	None	
3	licenses	None	

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13	Other financial or non-financial interests	None		
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Date:	3/9/2022
Your Name:	Raoul Pop
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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Manuscript Number (if known):	neurintsurg-2022-018769.R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	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 word	ding of any of the questions on this form.	

Date:	3/9/2022
Your Name:	Sébastien RICHARD
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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8	Patents planned, issued or pending	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
	I certify that I have	answere	ed every question and have not altered the wor	ding of any of the questions on this form.

Date:	3/9/2022
Your Name:	ROSSO CHARLOTTE
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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				Specifications/Comments (e.g., if payments were made to you or to your institution)	<u> </u>
		Time frai	me: Since the initial plannin	g of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	None [□] None [□] None	Time frame: past 36 mon	Click the tab key to add additional rows.	
	any entity (if not indicated in item #1 above).				
3	Royalties or licenses	None Non			

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/9/2022
Your Name:	Aymeric ROUCHAUD
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	

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4	Consulting fees	□ None Balt	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	N N	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	_9/3/2022		
Your Name:	SIBON Igor		
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN		
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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	•
		Sanofi Synthé-Labo	Payment to me
		Servier	Payment to me
		Boheringer Ingelheim	Payment to me
		Astra-Zeneca	Payment to me
		Novonordisk	Payment to me
		Medtronic	Payment to me
5	Payment or honoraria for	□ None	
	lectures,	Sanofi Synthé-Labo	Payment to me
	presentations,	Medtronic	Payment to me
	speakers	Boheringer Ingelheim	Payment to me
	bureaus,	Astra-Zeneca	Payment to me
	manuscript 	BMS-Pfizer	Payment to me
	writing or educational events		
6	Payment for expert testimony	None ■	
7	Support for	None	
	attending		
	meetings and/or travel		
	tiavei		
_			
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	⊠ None	
	Monitoring Board		
	or Advisory Board		
	,		
4.5			
10	Leadership or	⊠ None	
	fiduciary role in other board,		
	society,		
	committee or		
	advocacy group,		
	paid or unpaid		

2 8/26/2021 ICMJE Disclosure Form

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13	Other financial or non-financial interests	None	
Plea ⊠	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.		

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Date:	3/9/2022
Your Name:	Serge Timsit
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
	THE EARLY TIME WINDOW. INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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3	Royalties or licenses	None	

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3/9/2022
Guillaume TURC
POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
neurintsurg-2022-018769.R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	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.			

Date:	3/9/2022
Your Name:	Stephane VANNIER
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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		Time frame: Since the initial planning o	of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None Time frame: past 36 months None	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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13	Other financial or non-financial interests	N N	None	
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Your Name:	louis veunac
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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⊠ None		
None None		
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a a	al or None None next to the following statement to indicate	al or None

Date:	3/9/2022	
Your Name:	Ozlem OZKUL-WERMESTER	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
Manuscrint Number (if known):	neurintsurg-2022-018769 R1	

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Date:	3/9/2022
Your Name:	Valerie WOLFF
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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