

ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Ronan Balland

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Abdul Barakat

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

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		Sensome	As a co-founder of Sensome, I own shares in the company.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Your Name: Franz Bozsak

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Your Name: Bruno Carreel

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Your Name: Myline Cottance

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Date: 4/7/2022

Your Name: Jean Darcourt

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Time frame: past 36 months								
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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Cédric Garcia

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.R1

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Elena Gusarova

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.R1

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		Sensome	personally
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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Julie Lafaurie-Janvore

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.R1

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Gor Lebedev

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.R1

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Pierluca Messina

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.R1

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ICMJE DISCLOSURE FORM

Date: 4/7/2022

Your Name: Bernard Payraastre

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.R1

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 4/7/2022

Your Name: Joachim Rambeau

Manuscript Title: Impedance-based sensors discriminate among different types of blood thrombi with very high specificity and sensitivity

Manuscript Number (if known): neurintsurg-2021-018631.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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Time frame: Since the initial planning 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.	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Sensome</td> <td>Employee</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Sensome	Employee			<small>Click the tab key to add additional rows.</small>		
Sensome	Employee								
<small>Click the tab key to add additional rows.</small>									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None	
		Sensome	personally
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</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>			