Date:	4/19/2022	
Your Name:	BARREAU XAVIER ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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.

		e all entities with whom you have this ionship 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 plann	ing 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 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None □	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MicroVention, Stryker	To myself
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,	[⊠] None	ICMJE Disclosure Form

		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)
	committee or advocacy group, paid or unpaid		
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		t to the following statement to indicate your agreemen	

Date:	4/19/2022
Your Name:	Ansgar Berlis
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design
Manuscript Number (if known):	neurintsurg-2022-018969R1

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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,	None	

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	committee or advocacy group, paid or unpaid		
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:	4/19/2022	
Your Name:	[Ciceri Elisa ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design ]	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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		Time frame: past 36 mo	nths
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3	Royalties or licenses	None	
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,	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)
	committee or advocacy group, paid or unpaid		
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:	4/19/2022	
Your Name:	[Christophe Cognard ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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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.

		e all entities with whom you have this onship 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 planni	ng 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 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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,	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)
	committee or advocacy group, paid or unpaid		
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:	4/19/2022	
Your Name:	[José Cohen ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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,	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)
committee or advocacy group, paid or unpaid		
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:		
	advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests	relationship or indicate none (add rows as needed)  committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests  None  None  None

Date:	4/19/2022	
Your Name:		
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
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		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] [NoneNone	

		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)
3	Royalties or licenses		
4	Consulting fees	None   Balt, MicroVention	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic, Stryker	Institution
6	Payment for expert testimony	[⊠] MineNone	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	[⊠] NoneNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
2	Leadership or fiduciary role in other board, society,	[X] NoneNone	ICMJE Disclosure Form

		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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] NoneNone	
13	Other financial or non-financial interests	None	
Plea	se place an "X" next	to the following statement to indicate your agreemen	ıt:
	⊠ I certify that I ha	ive answered every question and have not altered the w	vording of any of the questions on this form.

Date:	4/19/2022	
Your Name:	Omer Ecker	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
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		Time frame: past 36 mg	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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,	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)
committee or advocacy group, paid or unpaid		
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:		
	advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests	relationship or indicate none (add rows as needed)  committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests  None  None  None

Date:	_4/19/2022	
Your Name:	[Hans Henkes ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
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		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] <b>N</b> ighteNone	

		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)
В	Royalties or licenses		
4	Consulting fees	⊠ Nøje None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] <b>N</b> SoneNone	
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	[⊠] NNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society,	[X]   NoneNone	ICMIF Disclosure Form

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	committee or advocacy group, paid or unpaid		
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠    <b>N</b>   <b>N</b>	
13	Other financial or non-financial interests	None   Phenox	Cofounder and previous shareholder
	Please place an "X" next to the following statement to indicate your agreement:  \[ \Boxed{\text{\ti}\text{\		
	ination and the property destion and have not altered the wording of any of the questions on this form.		

Date:	4/19/2022  [Markus Holmanspeotter ]	
Your Name:		
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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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)
3	Royalties or licenses	None	
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,	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)
	committee or advocacy group, paid or unpaid		
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:	4/19/2022	
Your Name:	Anne-Christine Januel	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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		Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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,	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)		
	committee or advocacy group, paid or unpaid				
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:	4/19/2022	
Your Name:	Peter Keston	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
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			Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	X   L	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)
3	Royalties or licenses	x None	
4	Consulting fees	□ None	Consulting
		Phenox Medtronic	Consulting Proctoring Consulting Teaching Proctoring Proctoring Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None   Phenox	Presentations at scientific meetings
6	Payment for expert testimony	X  None	
7	Support for attending meetings and/or travel	None   Phenox   Microvention	Support for travel and meeting attendance Support for travel and meeting attendance
8	Patents planned, issued or pending	X  None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X  None	
10	Leadership or fiduciary role in other board, society,	X None	
2		12/13/2021	ICMJE Disclosure Form

		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)		
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	X  None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X  None			
13	Other financial or non-financial interests	[⊠] None			
Plea  X	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:	4/19/2022	
Your Name:	[Joachim Klisch ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design ]	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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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)
		Time frame: Since the initial plann	ing 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.	MoneNone	Click the tab key to add additional rows.
		Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in	MoneNone	
	item #1 above).		

		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)			е	
3	Royalties or licenses	[⊠] [⊠] None				
4	Consulting fees	[□] None				
[Mi	crovention					
5				Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		] [i
6				Payment for expert testimony		, [
7				Support for attending meetings and/or travel		] [i
8				Patents planned, issued or pending		NI
9				Participation on a Data Safety	-	
2	·	12/13/2021	<del></del>	ICMJE Disclosure For	rm —	

	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	
13	Other financial or non-financial interests	
Please place an "X" next to the following statement to indicate your agreement:		
		not g of
	on this form.	

Date:	_4/19/2022
Your Name:	[Saleh Lamin ]
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design ]
Manuscript Number (if known):	neurintsurg-2022-018969R1

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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.	[⊠] Monelone	Click the tab key to add additional rows.
		Time frame: past 36 mor	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] Nonelone	

		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)
3	Royalties or licenses	[⊠]   None	
4	Consulting fees	None   Phenox	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	[⊠] None	
6	Payment for expert testimony	[Mon&one	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] [⊠] None	
2	Leadership or fiduciary role in other board, society,		ICMJE Disclosure Form

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	committee or advocacy group, paid or unpaid		
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
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:	4/19/2022	
Your Name:	[Laurent Pierot ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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3	Royalties or licenses	[⊠] None	
4	Consulting fees	Balt, Microvention, Perflow, phenox, Vesalio	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	[⊠] None	
6	Payment for expert testimony		
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
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11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	4/19/2022	
Your Name:	Marios-Nikos Psychogios	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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		Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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,	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)
	committee or advocacy group, paid or unpaid		
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:	4/19/2022	
Your Name:	[Laurent Spelle ]	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
Manuscript Number (if known):	neurintsurg-2022-018969R1	

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		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	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.		Click the tab key to add additional rows.	
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	[X] [Nonellone		

		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)
3	Royalties or licenses	[⊠]   None	
4	Consulting fees	Balt, Microvention, Medtronic, Stryker	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	[⊠] None	
6	Payment for expert testimony	□ Mon&one     □ Mon & one     □ Mon &	
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	□ Monelone     □    □    □    □    □    □    □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] [⊠] None	
2	Leadership or fiduciary role in other board, society,	[⊠] <b>None</b> lone	ICMJE Disclosure Form

		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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	4/19/2022	
Your Name:	Luca Valvassori	
Manuscript Title:	[COATING (Coating to Optimize Aneurysm Treatment in the New Flow Diverter Generation) Study: the first Randomized Controlled Trial evaluating a Coated Flow Diverter (p64 –MW HPC) – Study Design	
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			e all entities with whom you have this onship 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 of the work			ng 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			
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	None	
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,	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)
committee or advocacy group, paid or unpaid		
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:		
	advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests	relationship or indicate none (add rows as needed)  committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests  None  None  None