

## ICMJE DISCLOSURE FORM

**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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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.

## ICMJE DISCLOSURE FORM

**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	<input checked="" type="checkbox"/> None	
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**Date:** 4/19/2022

**Your Name:** [Ciceri Elisa ]

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### ICMJE DISCLOSURE FORM

**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 ]

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## ICMJE DISCLOSURE 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]

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### ICMJE DISCLOSURE FORM

**Date:** 4/19/2022

**Your Name:** [Vincent Costalat ]

**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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		Balt, MicroVention	To me
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**Date:** 4/19/2022

**Your Name:** [Omer Ecker ]

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<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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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,	<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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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><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:** 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]

**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.

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)						
<b>Time frame: Since the initial planning of the work</b>								
<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"/> <input type="checkbox"/> None <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; text-align: right; 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"/> <input type="checkbox"/> None <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>						

		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	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> <del>None</del> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <del>None</del> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <del>None</del> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> <del>None</del> 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	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input type="checkbox"/> None	
		Phenox	Cofounder and previous shareholder

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.



## ICMJE DISCLOSURE FORM

**Date:** 4/19/2022

**Your Name:** [Markus Holmanspeotter ]

**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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<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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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,	<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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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><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:** 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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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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,	<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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	
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## ICMJE DISCLOSURE FORM

**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 ]

**Manuscript Number (if known):** neurintsurg-2022-018969R1

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4	Consulting fees	<input type="checkbox"/> None  <table border="1"><tr><td>Stryker</td><td>Consulting</td></tr><tr><td>Phenox</td><td>Proctoring Consulting</td></tr><tr><td>Medtronic</td><td>Teaching Proctoring</td></tr><tr><td>Microvention</td><td>Proctoring Consulting</td></tr></table>	Stryker	Consulting	Phenox	Proctoring Consulting	Medtronic	Teaching Proctoring	Microvention	Proctoring Consulting	
Stryker	Consulting										
Phenox	Proctoring Consulting										
Medtronic	Teaching Proctoring										
Microvention	Proctoring Consulting										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None  <table border="1"><tr><td>Phenox</td><td>Presentations at scientific meetings</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Phenox	Presentations at scientific meetings							
Phenox	Presentations at scientific meetings										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None  <table border="1"><tr><td>Phenox</td><td>Support for travel and meeting attendance</td></tr><tr><td>Microvention</td><td>Support for travel and meeting attendance</td></tr><tr><td></td><td></td></tr></table>	Phenox	Support for travel and meeting attendance	Microvention	Support for travel and meeting attendance					
Phenox	Support for travel and meeting attendance										
Microvention	Support for travel and meeting attendance										
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									



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	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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.

### ICMJE DISCLOSURE 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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<b>Time frame: Since the initial planning of the work</b>			
<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"/> <input type="checkbox"/> None	
			Click the tab key to add additional rows.
<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"/> <input 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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
4	Consulting fees	<input type="checkbox"/> None							

Microvention	

5		Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6		Payment for expert testimony <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7		Support for attending meetings and/or travel <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8		Patents planned, issued or pending <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NI</b>
9		Participation on a Data Safety <input checked="" type="checkbox"/> <input type="checkbox"/>

	Monitoring Board or Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Stock or stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input type="checkbox"/></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:** 4/19/2022

**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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<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; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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3	Royalties or licenses	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>None</b>	
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Phenox	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <del>None</del> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <del>None</del> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> <del>None</del> <b>None</b>	

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11	Stock or stock options	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <del>None</del> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.

### ICMJE DISCLOSURE 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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4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Balt, Microvention, Perflow, phenox, Vesalio	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <del>None</del> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <del>None</del> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> <del>None</del> <b>None</b>	

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

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.

## ICMJE DISCLOSURE FORM

**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 ]

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## ICMJE DISCLOSURE 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 ]

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		Balt, Microvention, Medtronic, Stryker	To me
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**Date:** 4/19/2022

**Your Name:** [Luca Valvassori]

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