

ICMJE DISCLOSURE FORM

Date: 12/21/2021

Your Name: Daniel Strbian

Manuscript Title: European Stroke Organisation (ESO) – European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							

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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: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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Your Name: Philip White

Manuscript Title: European Stroke Organisation (ESO) – European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Microvention</td> <td>Educational Consultancy</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Microvention	Educational Consultancy							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>MR CLEAN NoIV</td> <td>DMSB</td> </tr> <tr> <td>TENSION</td> <td>DMSB</td> </tr> <tr> <td>PROTECT-U</td> <td>DMSB</td> </tr> </table>	MR CLEAN NoIV	DMSB	TENSION	DMSB	PROTECT-U	DMSB			
MR CLEAN NoIV	DMSB										
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>UK Neurointerventional Group</td> <td>Chairperson</td> </tr> <tr> <td>ESMINT</td> <td>Education Committee Chair</td> </tr> <tr> <td></td> <td></td> </tr> </table>	UK Neurointerventional Group	Chairperson	ESMINT	Education Committee Chair					
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Date: 12/21/2021

Your Name: Heinrich J Audebert

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3	Royalties or licenses	<input type="checkbox"/> None	
		MEYTEC	Institutional share of Stroke Emergency Mobiles (STEMO) turnover from the STEMO manufacturer (Meytec GmbH) to Charité Universitätsmedizin Berlin, the author's employer, arising from previous public funding within the Berlin Zukunftsfonds. Not access to this money by Heinrich Audebert or related working groups
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Lundbeck	DMC activity
		Boehringer Ingelheim	
		Bayer Vital	
		Bristol- Myers Squibb	
		Sanofi	Sanofi
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	<input type="checkbox"/> None	
		Novo Nordisk	Prevention trial

		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)						
	Board or Advisory Board								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>President elect in the Prehospital Stroke Organisation (PRESTO)</td> <td></td> </tr> <tr> <td>Chair of the Board of Directors of the European Stroke Organisation (ESO)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	President elect in the Prehospital Stroke Organisation (PRESTO)		Chair of the Board of Directors of the European Stroke Organisation (ESO)				
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Date: 12/21/2021

Your Name: Pervinder Bhogal

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Neurovasc	
		Brainomix	
		Balt	
		Phenox	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Veaslio	Brain conference
		Perflow Medical	WLNC
		Neurovasc	ICI Meeting
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Phenox	Attending ABC WIN
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Spartan Medical (Scientific advisory board)	unpaid
10	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> None	
		BRAIN Conference	

		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		
1	Stock or stock options	<input type="checkbox"/> None	
1		Perfuzo	
		Spartan Medical	
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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Your Name: H.D. Boogaarts

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Consultant for stryker neurovascular. Fees paid to the department of Neurosurgery, Radboud University Medical Center, Nijmegen, The Netherlands.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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1	Leadership or	<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)
0	fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Panel member of EANS vascular section	
1 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	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: 12/21/2021

Your Name: Gian Marco De Marchis

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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)						
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 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>							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).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td>Steering Committee Member of the TWIST trial, testing Tenecteplase in Patients with Wake-Up Stroke</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Steering Committee Member of the TWIST trial, testing Tenecteplase in Patients with Wake-Up Stroke						
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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	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; 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>							

		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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
3			
<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: 12/21/2021

Your Name: Jens Fiehler

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 100px;"> <tr><td>German Ministry of Science and Education (BMBF), German Ministry of Economy and Innovation (BMWi), German Research Foundation (DFG), European Union (EU), Hamburgische Investitions- und Förderbank (IFB), Medtronic, Microvention, Route92, Stryker</td><td> </td></tr> </table>	German Ministry of Science and Education (BMBF), German Ministry of Economy and Innovation (BMWi), German Research Foundation (DFG), European Union (EU), Hamburgische Investitions- und Förderbank (IFB), Medtronic, Microvention, Route92, Stryker						
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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	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Acandis, Cerenovus, Medtronic, Microvention, Penumbra, Phenox, Stryker	
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	<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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		Tegus Medical	
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 type="checkbox"/> None	
		Associate Editor for the Journal of Neurointerventional Surgery	
<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: 12/21/2021

Your Name: Ana Catarina Fonseca

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td>Grants from "The foundation for science and technology" and from the "Portuguese Stroke Society"</td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Grants from "The foundation for science and technology" and from the "Portuguese Stroke Society"						
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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	<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 type="checkbox"/> None	
		Speaker fees from Daiichi Sankyo	
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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
3			
<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: 12/21/2021

Your Name: Pooja Khatri

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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Time frame: past 36 months								
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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 type="checkbox"/> None Basking Biosciences (Advisor) 	
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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input type="checkbox"/> None	
3		My department receives funding from Cerenovus (investigator-initiated grant, ENDOLOW trial), Lumosa (advisor), and Diamedica (advisor)	
<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: 12/21/2021

Your Name: Mikael Mazighi

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;">RHU BOOSTER- ANR-18-RHUS-0001</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	RHU BOOSTER- ANR-18-RHUS-0001					
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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Boehringer Ingelheim</td><td>consulting</td></tr> <tr><td>Air liquide</td><td>consulting</td></tr> <tr><td>Acticor Biotech</td><td>consulting</td></tr> <tr><td>Novonordisk</td><td>consulting</td></tr> </table>	Boehringer Ingelheim	consulting	Air liquide	consulting	Acticor Biotech	consulting	Novonordisk	consulting	
Boehringer Ingelheim	consulting										
Air liquide	consulting										
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <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 checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
3			
<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: 12/26/2021

Your Name: Natalia Pérez de la Ossa

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 80px; margin-top: 5px;"> <tr><td>Spanish Ministry of Health co financed by Fondo Europeo de Desarrollo Regional (Instituto de Salud Carlos III, Red Temática de Investigación Cooperativa RETICS-INVICTUS-PLUS RD0016/0019/0020)</td><td> </td></tr> <tr><td>PERIS programme from the Catalan Health Government (project SLT008/18/0007)</td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Spanish Ministry of Health co financed by Fondo Europeo de Desarrollo Regional (Instituto de Salud Carlos III, Red Temática de Investigación Cooperativa RETICS-INVICTUS-PLUS RD0016/0019/0020)		PERIS programme from the Catalan Health Government (project SLT008/18/0007)				
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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	<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 type="checkbox"/> None	
		Medtronic	Lectures
		Angels Initiative Boehringer Ingelheim	Lectures
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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
3			
<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: 12/21/2021

Your Name: Peter D Schellinger

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Boehringer Ingelheim</td><td>To me</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Boehringer Ingelheim	To me					
Boehringer Ingelheim	To me								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Boehringer Ingelheim</td><td>To me</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Boehringer Ingelheim	To me					
Boehringer Ingelheim	To me								
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>German Court Expert Witness</td><td>To me</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	German Court Expert Witness	To me					
German Court Expert Witness	To me								
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Boehringer Ingelheim</td><td>To me</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Boehringer Ingelheim	To me					
Boehringer Ingelheim	To me								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <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 type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Boehringer Ingelheim</td><td>To me</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Boehringer Ingelheim	To me					
Boehringer Ingelheim	To me								
10	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ESO Executive Committee</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	ESO Executive Committee						
ESO Executive Committee									

		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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input type="checkbox"/> None	
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<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: 12/21/2021

Your Name: Danilo Toni

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Abbott; Alexion; Bayer; Boehringer Ingelheim; Daiichi Sankyo; Pfizer</td> <td>Payment made to me</td> </tr> <tr> <td>Medtronic</td> <td>Payment made to my Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Abbott; Alexion; Bayer; Boehringer Ingelheim; Daiichi Sankyo; Pfizer	Payment made to me	Medtronic	Payment made to my Institution			
Abbott; Alexion; Bayer; Boehringer Ingelheim; Daiichi Sankyo; Pfizer	Payment made to me								
Medtronic	Payment made to my Institution								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <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 checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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Abbott; Alexion; Bayer; Boehringer Ingelheim; Daiichi Sankyo;; Pfizer	Payment made to me								
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10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input type="checkbox"/> None	
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<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: 12/21/2021

Your Name: Georgios Tsivgoulis

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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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%; 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 <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>							
4	Consulting fees	<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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>							
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ICMJE DISCLOSURE FORM

Date: 12/21/2021

Your Name: Click or tap here to enter text.

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

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Time frame: past 36 months								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Guerbet France</td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Guerbet France						
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10	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Chairman of the ESO Guideline Board</td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Chairman of the ESO Guideline Board						
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ICMJE DISCLOSURE FORM

Date: 12/21/2021

Your Name: Wim H. van Zwam

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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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.	<input checked="" type="checkbox"/> None <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 style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 15px;">Dutch Heart Foundation</td><td style="width: 40%;">Paid to Institution</td></tr> <tr><td style="height: 15px;">Dutch Brain Council</td><td>Paid to Institution</td></tr> <tr><td style="height: 15px;">ZonMW (Dutch Government)</td><td>Paid to Institution</td></tr> </table>	Dutch Heart Foundation	Paid to Institution	Dutch Brain Council	Paid to Institution	ZonMW (Dutch Government)	Paid to Institution
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Philips	Paid to Institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Cerenovus	Paid to Institution
		Stryker	Paid to Institution
		NicoLab	Paid to Institution
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 type="checkbox"/> None	
		WETRUST (Philips, Best, The Netherlands)	Paid to Institution
		Solonda (Anaconda, Barcelona, Spain)	Paid to Institution
		InExtremis (CHU, Montpellier, France)	Paid to Institution
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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
3			
<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: 12/21/2021

Your Name: William Whiteley

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

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3	Royalties or licenses	<input checked="" type="checkbox"/> None 	
4	Consulting fees	<input type="checkbox"/> None Bayer	Payment to institution
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 type="checkbox"/> None Expert testimony to UK courts	
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 type="checkbox"/> None CATIS-ICAD MOSES, PROTECT-U, INTERACT-3, TEMPO-2 PAX-D	
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		
1	Stock or stock options	<input checked="" type="checkbox"/> None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
2			
1	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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<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: 12/21/2021

Your Name: Andrea Zini

Manuscript Title: European Stroke Organisation (ESO) - European Society for Minimally Invasive Neurological Therapy (ESMINT) expedited recommendation on intravenous thrombolysis before mechanical thrombectomy in patients with acute ischemic stroke

Manuscript Number (if known): neurintsurg-2021-018589

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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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Principal Investigator for project RF-2019-12370834 "FibER: Fibrinogen replacement to prevent intracranial haemorrhage in ischemic stroke patients after thrombolysis: a pilot RCT (sponsored by Grant of the Italian Health Ministry), EudraCT 2020-005242-41	

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4	Consulting fees	<input type="checkbox"/> None	
		Boehringer-Ingelheim	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Cerenovus (speaker fees)	
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 type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory	<input type="checkbox"/> None	
		Advisory boards for Stryker, Alexion, Daiichi-Sankio	

		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)						
	Board								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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