ICMJE DISCLOSURE FORM

Date:	12/27/2021
Your Name:	Charles Beaman
Manuscript Title:	Complete Robotic Intervention for Acute Epistaxis in A Patient with COVID-19 Pneumonia: technical considerations and device selection tips
Manuscript Number (if known):	Unkown

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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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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12/27/2021	
Hamidreza Saber	
Complete Robotic Intervention for Acute Epistaxis in A Patient with COVID-19 Pneumonia: technical considerations and device selection tips	
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13	Other financial or non-financial interests		None	
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Date:	12/27/2021	
Your Name:	Satoshi Tateshima	
Manuscript Title:	Complete Robotic Intervention for Acute Epistaxis in A Patient with COVID-19 Pneumonia: technical considerations and device selection tips	
Manuscript Number (if known):	unknown	

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

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		Spa	rtan Micro	Stock option
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