

## ICMJE DISCLOSURE FORM

**Date:** 4/7/2022

**Your Name:** Ronan Balland

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

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

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

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Sensome	Employee

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11	Stock or stock options	<input type="checkbox"/> None	
		Sensome	personally
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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**Date:** 4/7/2022

**Your Name:** Abdul Barakat

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11	Stock or stock options	<input type="checkbox"/> None	
		Sensome	As a co-founder of Sensome, I own shares in the company.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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**Date:** 4/7/2022

**Your Name:** Franz Bozsak

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

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

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**Date:** 4/7/2022

**Your Name:** Bruno Carreel

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### ICMJE DISCLOSURE FORM

**Date:** 4/7/2022

**Your Name:** Christophe Cognard

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

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**Your Name:** Myline Cottance

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		Sensome	personally
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p><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:** 4/7/2022

**Your Name:** Jean Darcourt

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

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

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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	
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## ICMJE DISCLOSURE FORM

**Date:** 4/7/2022

**Your Name:** Cédric Garcia

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

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

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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	
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## ICMJE DISCLOSURE FORM

**Date:** 4/7/2022

**Your Name:** Elena Gusarova

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

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

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
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"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Sensome	Employee at the time of the study

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Sensome	personally
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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### ICMJE DISCLOSURE FORM

**Date:** 4/7/2022

**Your Name:** Julie Lafaurie-Janvore

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

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

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### ICMJE DISCLOSURE FORM

**Date:** 4/7/2022

**Your Name:** Gor Lebedev

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

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

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## ICMJE DISCLOSURE FORM

**Date:** 4/7/2022

**Your Name:** Pierluca Messina

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

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

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Sensome	Employee

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11	Stock or stock options	<input type="checkbox"/> None	
		Sensome	personally
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p><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:** 4/7/2022

**Your Name:** Bernard Payraastre

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

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

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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<b>Time frame: Since the initial planning of the work</b>									
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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:** 4/7/2022

**Your Name:** Joachim Rambeau

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

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

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