

ICMJE DISCLOSURE FORM

Date: 8/31/21
 Your Name: Adib Abla
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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.

		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.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: 8/31/21
 Your Name: Matthew Amans
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/31/21
 Your Name: Amanda Baker
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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ICMJE DISCLOSURE FORM

Date: 8/31/21
 Your Name: M. Travis Caton Jr.
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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6	Payment for expert testimony	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/31/21
 Your Name: Daniel Cooke
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/31/21
 Your Name: Christopher Dowd
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/>	Chief adjudicator for Stryker Atlas and Evolve clinical trials. Salary support paid to department.

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ICMJE DISCLOSURE FORM

Date: 8/18/21
 Your Name: Madhavi Duvvuri
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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4	Consulting fees	<input type="checkbox"/> None	
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6	Payment for expert testimony	<input type="checkbox"/> None	
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Date: 8/31/21
 Your Name: Van Halbach
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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ICMJE DISCLOSURE FORM

Date: 8/31/21
 Your Name: Steven Hetts
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
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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 Stryker Siemens	Core Imaging Lab Contracts for Clinical Trials Grants for evaluation of angiography suites
3	Royalties or licenses	<input 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 Cerenovus, Imperative Route 92	DSMB and CEC membership
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 Filtro	Stock grant
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/31/21
 Your Name: Randall Higashida
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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ICMJE DISCLOSURE FORM

Date: 8/18/21
 Your Name: Mohammed Mirza
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
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Date: 8/18/21
 Your Name: Kazim Narsinh
 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
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4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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 Manuscript Title: "Radial artery access anatomy: considerations for neuroendovascular procedures"
 Manuscript number (if known): neurintsurg-2021-017871.R1

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