

ICMJE DISCLOSURE FORM

Date: 9/7/2021

Your Name: Erik Edström

Manuscript Title: Radiation Distribution in a Hybrid Operating Room, Utilizing Different X-ray Imaging Systems: Investigations to Minimize Occupational Exposure

Manuscript Number (if known): neurintsurg-2021-018220

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Date: 9/7/2021

Your Name: Artur Omar

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Date: 9/7/2021

Your Name: Erik Edström

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Manuscript Number (if known): neurintsurg-2021-018220

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Date: 9/7/2021

Your Name: Paulina Cewe

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Your Name: Robert Vorbau

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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)
	society, 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>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>			