

ICMJE DISCLOSURE FORM

Date: 12/17/2021

Your Name: Waleed Brinjikji

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.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.

	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								
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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	
		Medtronic	Self
		Microvention	Institution
		Stryker	Self
		Cerenovus MIVI	Institution SELF
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 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	

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: 12/17/2021

Your Name: Narayan Kissoon

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.R1

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Date: 12/17/2021

Your Name: Mark Whealy

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.R1

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Date: 12/17/2021

Your Name: Luis Savastano

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.R1

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Date: 12/17/2021

Your Name: John LD Atkinson

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.R1

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ICMJE DISCLOSURE FORM

Date: 12/17/2021

Your Name: Jeremy Cutsforth Gregory

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.R1

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ICMJE DISCLOSURE FORM

Date: 12/17/2021

Your Name: Ivan Garza

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.R1

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ICMJE DISCLOSURE FORM

Date: 12/17/2021

Your Name: Ajay Madhavan

Manuscript Title: Clinical and Imaging Outcomes of CSF-Venous Fistula Embolization

Manuscript Number (if known): neurintsurg-2021-018466.R1

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