

ICMJE DISCLOSURE FORM

Date: 1/14/2022

Your Name: [Matthew Amans]

Manuscript Title: [Management of Vascular Causes of Pulsatile Tinnitus]

Manuscript Number (if known): [Click or tap here to enter text.]

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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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.	<input type="checkbox"/> None	
		NIH – National Heart, Lung and Blood Institute	R56HL149124 Grant
		Department of Defense	Investigator Initiated Grant
		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NIH – National Institute on Deafness and other Communication Disorders	R21DC016087 Grant
3	Royalties or licenses	<input 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)
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	
		System and method for diagnosing pulsatile tinnitus and other blood vessels disorders	
		Cerebral dural venous sinus stent	
		Cerebral blood flow reorganization	
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	

		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	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
<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>			

ICMJE DISCLOSURE FORM

Date: 1/14/2022

Your Name: [Madhavi Duvvuri]

Manuscript Title: [Management of Vascular Causes of Pulsatile Tinnitus]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 1/14/2022

Your Name: Ferdinand Hui

Manuscript Title: Management of Vascular Causes of Pulsatile Tinnitus

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 1/14/2022

Your Name: [Karl Meisel]

Manuscript Title: [Management of Vascular Causes of Pulsatile Tinnitus]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 1/14/2022

Your Name: [Kazim Narsinh]

Manuscript Title: [Management of Vascular Causes of Pulsatile Tinnitus]

Manuscript Number (if known): [Click or tap here to enter text.]

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