

### ICMJE DISCLOSURE FORM

**Date:** 23 November 2021

**Your Name:** Justin Cappuzzo MD

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript number (if known):** neurintsurg-2021-018079

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**.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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:** 9/7/2021

**Your Name:** Jason M. Davies MD PhD

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript Number (if known):** neurintsurg-2021-018079

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Please note:</b> I routinely provide full disclosure of relationships. The rationale for this is to avoid the omission of companies or studies whose devices may have been used in a procedure/case although not specifically named; to allow for technology from one company that may have influenced or been applied to another; to show that corporate bias does not exist; and to afford readers the opportunity to determine whether they feel a conflict of interest exists.</p> </div>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">NIH NINDS</td> <td style="width: 40%;"></td> </tr> <tr> <td>NSF SBIR</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIH NINDS		NSF SBIR			
NIH NINDS								
NSF SBIR								

		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)
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  	
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> Medtronic  	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> Medtronic  	
<b>6</b>	Payment for expert testimony	<input type="checkbox"/> <b>None</b>  	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> Medtronic  	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> QAS.ai  	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> NIH NIHDS Strokenet  	
<b>10</b>	Leadership or fiduciary role in other board,	<input type="checkbox"/> <b>None</b>  	

		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								
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Synchron</td> <td>RIST</td> </tr> <tr> <td>Cerebrotech</td> <td></td> </tr> <tr> <td>QAS,ai</td> <td></td> </tr> </table>	Synchron	RIST	Cerebrotech		QAS,ai		
Synchron	RIST								
Cerebrotech									
QAS,ai									
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
<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: 08/28/2021

Your Name: Victoria Lazarov

Manuscript Title: Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

Manuscript number (if known): neurintsurg-2021-018079

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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 checked="" type="checkbox"/> None	

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" 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	<input checked="" type="checkbox"/> None	

	testimony		
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	
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:

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### ICMJE DISCLOSURE FORM

**Date:** 9/9/2021

**Your Name:** Bennett Levy

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript Number (if known):** neurintsurg-2021-018079

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
<b>Time frame: past 36 months</b>															
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Neurosurgery Research and Education Foundation Grant</td> <td style="width: 50%;">\$2,500 contributed to University at Buffalo Neurosurgery Department</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Neurosurgery Research and Education Foundation Grant	\$2,500 contributed to University at Buffalo Neurosurgery Department					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<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: August 26, 2021

Your Name: Elad I Levy

Manuscript Title: Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

Manuscript number (if known): neurintsurg-2021-018079

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

4	Consulting fees	Claret Medical, GLG Consulting, Guidepoint Global, Imperial Care, Medtronic, Rebound, StimMed, Misionix, Mosiac, Clarion, IRRAS	Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic	Me
6	Payment for expert testimony	I render medical/legal opinions as an expert	Me
7	Support for attending meetings and/or travel	Reimbursement for travel and food for some meetings with CNS and ABNS	Me
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	NeXtGen Biologics, RAPID Medical, Claret Medical, Cognition Medical, Imperative Care, Rebound Therapeutics, StimMed, Three Rivers Medical	Me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	___ None	

	services		
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: 12/6/2021

Your Name: J Mocco MD MS

Manuscript Title: "Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition"

Manuscript number (if known): neurintsurg-2021-018079

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	PI on research trials funded by: Stryker Neurovascular, MicroVenton, and Penumbra	Payments made to university or hospital to support the associated research
3	Royalties or licenses	<input checked="" type="checkbox"/> None	



4	Consulting fees	Cerebrotech, Viseon, Endostream, Vastrax, RIST, Synchron, Viz.ai, Perflow, and CVAid	Payments made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Invited speaker at Barrow Neurological Institute Grand Rounds (March 2020)	Honoraria payment made to me
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	JNIS SNIS	Associate Editor, Editorial Board President-Elect, Board of Directors
11	Stock or stock options	Investor in: Cerebrotech, Imperative Care, Endostream, Viseon, BlinkTBI, Myra Medical, Serenity, Vastrax, NTI, RIST, Viz.ai, Synchron, Radical, and Truvic	Payments made to me
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:

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## ICMJE DISCLOSURE FORM

Date: 12/2/21Your Name: MAXIM MOKINManuscript Title: Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge DispositionManuscript number (if known): neurintsurg-2021-018079

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None NIHR21NS109575	Not related to the current work
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	Cerenovus, Medtronic	None directly related to the current work
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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	JNIS Editorial Board	Assistant Editor: Technical Videos
11	Stock or stock options	<input type="checkbox"/> None BrainQ, Endostream, Serenity Medical, Synchron	
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:** 23 November 2021

**Your Name:** Andre Monteiro MD

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript number (if known):** neurintsurg-2021-018079

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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. X

## ICMJE DISCLOSURE FORM

**Date:** 9/7/2021

**Your Name:** Tatsat Rajendra Patel

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript Number (if known):** neurintsurg-2021-018079

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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	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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)						
<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>							
<b>4</b>	Consulting fees	<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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input 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>							
<b>6</b>	Payment for expert testimony	<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>							
<b>7</b>	Support for attending meetings and/or travel	<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>							
<b>8</b>	Patents planned, issued or pending	<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>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<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>							
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width:100%;"><tr><td> </td><td> </td></tr></table>							



		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		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<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: **8/31/21**

Your Name: **Daniel O. Popoola**

Manuscript Title: **Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition**

Manuscript number (if known): **neurintsurg-2021-018079**

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.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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: 08/27/2021

Your Name: Ansaar T. Rai

Manuscript Title: **"Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition."**

Manuscript number (if known): neurintsurg-2021-018079

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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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	Stryker Neurovascular Cerenovus MicroVention	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ 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: 12-3-21

Your Name: Adnan H. Siddiqui

Manuscript Title: Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

Manuscript number (if known): neurintsurg-2021-018079

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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		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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None Co-investigator for NIH - 1R01EB030092-01, Project Title: High Speed Angiography at 1000 frames per second; Mentor for Brain	Institution

		Aneurysm Foundation Carol W. Harvey Chair of Research, Sharon Epperson Chair of Research, Project Title: A Whole Blood RNA Diagnostic for Unruptured Brain Aneurysm: Risk Assessment Prototype Development and Testing	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None Amnis Therapeutics, Apellis Pharmaceuticals, Inc., Boston Scientific, Canon Medical Systems USA, Inc., Cardinal Health 200, LLC, Cerebrotech Medical Systems, Inc., Cerenovus, Cerevatech Medical, Inc., Cordis, Corindus, Inc., Endostream Medical, Ltd, Imperative Care, Integra, IRRAS AB, Medtronic, MicroVention, Minnetronix Neuro, Inc., Penumbra, Q'Apel Medical, Inc., Rapid Medical, Serenity Medical, Inc., Silk Road Medical, StimMed, LLC, Stryker Neurovascular, Three Rivers Medical, Inc., VasSol, Viz.ai, Inc., W.L. Gore & Associates	Payments made to me
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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Past Secretary – Board of the Society of NeuroInterventional Surgery 2020-2021	n/a unpaid
		Chair – Cerebrovascular Section of the AANS/CNS 2020-2021	n/a unpaid
11	Stock or stock options	<input type="checkbox"/> None	Payments made to me
		Adona Medical, Inc., Amnis Therapeutics, Bend IT Technologies, Ltd., BlinkTBI, Inc, Buffalo Technology Partners, Inc., Cardinal Consultants, LLC, Cerebrotech Medical Systems, Inc, Cerevatech Medical, Inc., Cognition Medical, CVAID Ltd., E8, Inc., Endostream Medical, Ltd, Imperative Care, Inc., Instylla, Inc., International Medical Distribution Partners, Launch NY, Inc., NeuroRadial Technologies, Inc., Neurotechnology Investors, Neurovascular Diagnostics, Inc., PerFlow Medical, Ltd., Q'Apel Medical, Inc., QAS.ai, Inc., Radical Catheter Technologies, Inc., Rebound Therapeutics Corp. (Purchased 2019 by Integra Lifesciences, Corp), Rist Neurovascular, Inc. (Purchased 2020 by Medtronic), Sense Diagnostics, Inc., Serenity	



		Medical, Inc., Silk Road Medical, SongBird Therapy, Spinnaker Medical, Inc., StimMed, LLC, Synchron, Inc., Three Rivers Medical, Inc., TruVic Medical, Inc., Tulavi Therapeutics, Inc., Vastrax, LLC, VICIS, Inc., Viseon, Inc.	
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 type="checkbox"/> None National PI/Steering Committees: Cerenovus EXCELLENT and ARISE II Trial; Medtronic SWIFT PRIME, VANTAGE, EMBOLISE and SWIFT DIRECT Trials; MicroVention FRED Trial & CONFIDENCE Study; MUSC POSITIVE Trial; Penumbra 3D Separator Trial, COMPASS Trial, INVEST Trial, MIVI neuroscience EVAQ Trial; Rapid Medical SUCCESS Trial; InspireMD C-GUARDIANS IDE Pivotal Trial	Payments made to me

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:** 9/13/2021

**Your Name:** Kenneth V Snyder, MD PhD

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript Number (if known):** neurintsurg-2021-018079

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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)
Time frame: Since the initial planning of the work		
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Please note:</b> I routinely provide full disclosure of relationships. The rationale for this is to avoid the omission of companies or studies whose devices may have been used in a procedure/case although not specifically named; to allow for technology from one company that may have influenced or been applied to another; to show that corporate bias does not exist; and to afford readers the opportunity to determine whether they feel a conflict of interest exists.</p> </div>
Time frame: past 36 months		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 10px;"></div>

		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)						
<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></table>							
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"><tr><td>Boston Scientific, Canon Medical Systems USA, Inc., MicroVention, Medtronic, Stryker Neurovascular</td><td>Payments made to me</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Boston Scientific, Canon Medical Systems USA, Inc., MicroVention, Medtronic, Stryker Neurovascular	Payments made to me					
Boston Scientific, Canon Medical Systems USA, Inc., MicroVention, Medtronic, Stryker Neurovascular	Payments made to me								
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%;"><tr><td>Canon Medical Systems USA Inc</td><td>Payments made to me</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Canon Medical Systems USA Inc	Payments made to me					
Canon Medical Systems USA Inc	Payments made to me								
<b>6</b>	Payment for expert testimony	<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></table>							
<b>7</b>	Support for attending meetings and/or travel	<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></table>							
<b>8</b>	Patents planned, issued or pending	<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></table>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<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></table>							
<b>10</b>	Leadership or	<input checked="" type="checkbox"/> <b>None</b>							

		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)
	fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> Boston Scientific, Access Closure Inc, Niagara Gorge Medical	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<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:** 11/22/21

**Your Name:** Aquilla S Turk DO

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript number (if known):** neurintsurg-2021-018079

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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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	Cerebrotech Medical Systems, Inc.	Consultant/advisory board
		Endostream Medical, Ltd	
		Imperative Care	
		Medtronic	
		Serenity Medical, Inc.	
		Three Rivers Medical, Inc.,	
		Viz.AI, Inc.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Bend IT Technologies, Ltd.	
		BlinkTBI, Inc	
		Cardinal Consultants, LLC	
		Cerebrotech Medical Systems, Inc	
		Endostream Medical, Ltd	
		Imperative Care, Inc	
		Instylla, Inc.,	
		Neurotechnology Investors	
		Q'Apel Medical, Inc.	
		Radical Catheter Technologies, Inc.	
		Rist Neurovascular, Inc. (Purchased 2020 by Medtronic)	

		Serenity Medical, Inc.	
		Spinnaker Medical, Inc.	
		Synchron, Inc.,	
		Three Rivers Medical, Inc	
		Truvic Medical, Inc.,	
		Tulavi Therapeutics, Inc.	
		Vastrax, LLC	
		VICIS, Inc	
		Viz AI	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	COMPASS Trial	National PI/Steering Committee
		LARGE Trial	National PI/Steering Committee
		POSITIVE Trial	National PI/Steering Committee

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:** 8/26/2021

**Your Name:** Vincent M. Tutino

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript Number (if known):** neurintsurg-2021-018079

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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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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <small>Click the tab key to add additional rows.</small>						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						



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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> </table>							

		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		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<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:** 23 November 2021

**Your Name:** Muhammad Waqas MBBS

**Manuscript Title:** Stroke Thrombectomy Volume, Rather Than Stroke Center Accreditation Status of Hospitals, is Associated with Mortality and Discharge Disposition

**Manuscript number (if known):** neurintsurg-2021-018079

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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.

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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Please place an "X" next to the following statement to indicate your agreement:

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