

ICMJE DISCLOSURE FORM

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Manuscript Title: The Effects of the COVID-19 Pandemic on Stroke Response Times: A Systematic Review and Meta-Analysis

Manuscript Number (if known): neurintsurg-2021-018230.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.

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[Handwritten signature]
 2/4/22

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Date: 2/4/2022

Your Name: Joanne Doucette

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Date: 2/4/2020

Your Name: Akiro Duey

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Date: 2/4/2022

Your Name: Charissa Jessurun

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Your Name: John L. Kilgallon

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Your Name: Noah Nawabi

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Your Name: Mohammed Ali Aziz-Sultan

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Time frame: Since the initial planning of the work									
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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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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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