

ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Lautaro Badilla

Manuscript Title: A novel self-expanding shape memory polymer coil for intracranial aneurysm embolization: one-year follow-up in Chile

Manuscript Number (if known): neurintsurg-2022-018996.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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ICMJE DISCLOSURE FORM

Date: 6/5/2022

Your Name: Daniel Echeverría

Manuscript Title: A novel self-expanding shape memory polymer coil for intracranial aneurysm embolization: one-year follow-up in Chile

Manuscript Number (if known): neurintsurg-2022-018996.R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Martin Einersen

Manuscript Title: A novel self-expanding shape memory polymer coil for intracranial aneurysm embolization: one-year follow-up in Chile

Manuscript Number (if known): neurintsurg-2022-018996.R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Pablo Giacaman

Manuscript Title: A novel self-expanding shape memory polymer coil for intracranial aneurysm embolization: one-year follow-up in Chile

Manuscript Number (if known): neurintsurg-2022-018996.R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Rodrigo Rivera

Manuscript Title: A novel self-expanding shape memory polymer coil for intracranial aneurysm embolization: one-year follow-up in Chile

Manuscript Number (if known): neurintsurg-2022-018996.R1

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Date: 6/14/2022

Your Name: Juan Gabriel Sordo

Manuscript Title: A novel self-expanding shape memory polymer coil for intracranial aneurysm embolization: one-year follow-up in Chile

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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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
<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>									