

## ICMJE DISCLOSURE FORM

**Date:** 6/13/2022

**Your Name:** Alessandra Biondi

**Manuscript Title:** Endosaccular Flow Disruption with the Contour Neurovascular System: Angiographic and Clinical results in a single center study of 60 unruptured intracranial aneurysms.

**Manuscript Number (if known):** 2022-019103.

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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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Balt Cerus Endovascular Medtronic Microvention Stryker Neurovascular</td> <td>Both Me Both Both Both</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Balt Cerus Endovascular Medtronic Microvention Stryker Neurovascular	Both Me Both Both Both					
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6	Payment for expert testimony	<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>							
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8	Patents planned, issued or pending	<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>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>							

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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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**Date:** 8/26/2021

**Your Name:** CHARBONNIER Guillaume

**Manuscript Title:** Endosaccular Flow Disruption with the Contour Neurovascular System: Angiographic and Clinical results in a single center study of 60 unruptured intracranial aneurysms.

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

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