ICMJE DISCLOSURE FORM

Date: 02-Aug-2021 Your Name: Jan-Hendrik Buhk

Manuscript Title: CLinical Assessment of WEB® device in Ruptured aneurYSms (CLARYS): Results of 1-month and 1year assessment of re bleeding protection and clinical safety in a Multicenter Study

Manuscript number (if known): Manuscript ID neurintsurg-2021-017416.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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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					
1	All support for the present	None				
	manuscript (e.g., funding, provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
	Time frame: past 36 months					
2	Grants or contracts from	None				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	None				
4	Consulting fees	Sequent Medical and	Consulting fees payed to me			
		MicroVention				

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Sequent Medical and MicroVention	Lecture fees payed to me
6	Payment for expert testimony	Sequent Medical and MicroVention	Consulting fees payed to me
7	Support for attending meetings and/or travel	Sequent Medical and MicroVention	financial support payed to 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,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	3 Other financial or non- financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

an -Hamburg, 02-Aug-2021