Date:	10/18/2021	
Your Name:	Gregory W Albers	
Manuscript Title:	Cerebral venous outflow profiles are associated with the first-pass effect in endovascular thrombectomy	
Manuscript Number (if known):	neurintsurg-2021-018078.R1	

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		Time frame: Since the initial planning	of the work
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	Click the tab key to add additional rows.
		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

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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)
4	Consulting fees	None       iSchemaView       Genentech	Payments to me Payments to me
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 iSchemaView	Member board of Directors

		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	None SchemaView	Stock
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:			

8/26/2021

Date:	8/26/2021
Your Name:	Gabriel Broocks
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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2	Grants or	None	
2	contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

1

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

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			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/19/2021
Your Name:	Soren Christensen
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

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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	

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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	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

8/26/2021

Date: 10/19/2021	
Your Name:	Tobias Djamsched Faizy
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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		Time frame: Since the initial planning	of the work
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.	None     German Research Foundation	Research Fellowship Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

1

		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)
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	

8/26/2021

			e all entities with whom you have this ionship 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		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:				
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/20/2021
Your Name:	Jens Fiehler
Manuscript Title:	Cerebral venous outflow profiles are associated with the first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

1

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
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	

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			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/18/2021
Your Name:	Jeremy Heit, MD, PhD
Manuscript Title:	Cerebral venous outflow profiles are associated with the first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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		Time frame: past 36 month	ls
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

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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)
4	Consulting fees	None       Medtronic       MicroVention       iSchemaView	Modest personal consulting fees Modest personal consulting fees Modest personal consulting fees
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 iSchemaView Balt Vesalio	Medical and Scientific Advisory Board Clinical Events Committee Membership Clinical Events Committee Membership
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑         None	

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			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/18/2021
Your Name:	Reza Kabiri
Manuscript Title:	Cerebral venous outflow profiles are associated with the first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	_neurintsurg-2021-018078.R1

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

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
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	

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			e all entities with whom you have this ionship 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		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:				
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/20/2021
Your Name:	Maarten G. Lansberg
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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		Time frame: Since the initial planning o	of the work
2	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.	None          ✓       None         ✓       Time frame: past 36 months         ✓       None	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	NINDS	Payment to institution
3	Royalties or licenses	⊠ None	

1

		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)
4	Consulting fees	None       Biogen       Roche/Genentech       Novo/Nordisk	Payments to me Payments to me Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     UpToDate	Payments to me
6	Payment for expert testimony	None     Law firms	Payments to me
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	

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			e all entities with whom you have this ionship 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		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:				
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/18/2021
Your Name:	Marius Mader
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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indicated #1 above	indicated in item #1 above).		
3	Royalties or licenses	None	

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			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

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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:				
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	8/20/2021
Your Name:	Lukas Meyer
Manuscript Title:	Cerebral venous outflow profiles are associated with the first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None           L. Meyer received compensation as a speaker for Balt.	
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	

8/26/2021

		Nam	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relat	ionship or indicate none (add rows as needed)	made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/18/2021
Your Name:	Michael Mlynash
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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	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> Grants or contracts from any entity (if not indicated in item	None	Click the tab key to add additional rows.
3	#1 above). Royalties or	⊠ None	
3	licenses		

1

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

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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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answ	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/19/2021
Your Name:	Jawed Nawabi
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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		Time frame: Since the initial planning o	of the work
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         ☑       ☑         <	Click the tab key to add additional rows.
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3	Royalties or licenses	None	

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		relationship or indicate none (add rows as needed)	made to you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	10/18/2021	
Your Name:	Noel van Horn	
Manuscript Title:	Cerebral venous outflow profiles are associated with the first-pass effect in endovascular thrombectomy	
Manuscript Number (if known):	neurintsurg-2021-018078.R1	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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Date:	10/18/2021
Your Name:	Max Wintermark
Manuscript Title:	Venous outflow profiles are associated with first-pass effect in endovascular thrombectomy
Manuscript Number (if known):	neurintsurg-2021-018078.R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) made to you or to your institution)	
		Time frame: Since the initial planning	of the work
2	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> Grants or	<ul> <li>None</li> <li>NIH NINDS 5U01 NS086872-07, 5U01 NS087748- 06, R01 NS104094</li> <li>Time frame: past 36 month</li> <li>□ None</li> </ul>	Click the tab key to add additional rows.
2	contracts from any entity (if not indicated in item #1 above).	NIH NINDS 5U01 NS086872-07, 5U01 NS087748- 06, R01 NS104094	
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7	Support for attending meetings and/or travel	⊠         None	
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