Date:	9/8/2021		
Your Name:	Ansgar Berlis		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
Manuscript Number (if known):	neurintsurg-2021-017809.R1		

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

		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)
3	Royalties or licenses	None	
4	Consulting fees	□ None Proctoring Microvention	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Honoraria for one lecture and CEC activity from Phenox	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			ns/Comments (e.g., if payments were or to your institution)		
	society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None 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 answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/8/2021
Your Name:	Bonafé Alain
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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

		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)
3	Royalties or licenses	None	
4	Consulting fees	□ None PHENOX STRYKER BALT	Payment to my institution and myself Payment to myself Payment to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None PHENOX	ESMINT 2021
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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,	None	

		ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if paymen made to you or to your institution)	ts were		
	society, committee or advocacy group, paid or unpaid				
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: Certify that have answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/8/2021
Your Name: Dr. Andy Clifton	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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

		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)
3	Royalties or licenses	None	
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None ■	

		me all entities with whom you		Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid				
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date: 08.09.2021

Your Name: Andrey Petrov

Manuscript Title: Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post-

Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device

Manuscript Number (if known): neurintsurg-2021-017809.R1

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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.	x	None 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).	х	None	

			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	X	None	
4	Consulting fees	Х	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Х	None	
6	Payment for expert testimony	х	None	
7	Support for attending meetings and/or travel	Х	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	х	None	
10	Leadership or fiduciary role in other board, society, committee or	X	None	

			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	advocacy group, paid or unpaid			
11	Stock or stock options	Х	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
13	Other financial or non-financial interests	X	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.

Date:	9/8/2021		
Your Name:	Dr Ana Narata		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
Manuscript Number (if known):	neurintsurg-2021-017809.R1		

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

		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)
3	Royalties or licenses	None Non	
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 Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			Comments (e.g., if payments were r to your institution)	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None 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	answered every question and have not altered the wording of any of t	he questions on this form.	

Date:	['] 2021	
Your Name:	Alexander Sirakov	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicentre, Single-arm Post-Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
Manuscript Number (if known):	neurintsurg-2021-017809.R1	

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3	Royalties or licenses	None	
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None ■	

		me all entities with whom you		Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/8/2021
Your Name:	Bleise Carlos
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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				Time frame: Since the initial planning	of the work
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				Time frame: past 36 month	15
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		

CB

8/26/2021

ICMJE Disclosure Form

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments we made to you or to your institution)
3	Royalties or licenses	⊠ None	
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	West Transition		
4	Consulting fees	None	ž.
5	Payment or honoraria for	None	
	lectures,		
	presentations, speakers		
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or	⊠ None	
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in	⊠ None	
	other board,		

ICMJE Disclosure For

CB

U	3 y 4	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)
	society, committee or advocacy group, paid or unpaid		
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 None	

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

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

61.3

8/26/2021

ICMJE Disclosure Form

Pline barlos

Date:	9/9/2021		
Your Name:	Dr. Christian Loehr		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
Manuscript Number (if known):	neurintsurg-2021-017809.R1		

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		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g.,	Phenox GmbH	Payments to institution
	funding, provision of study materials,		Click the tab key to add additional rows.
	medical writing,		Click the tab key to add additional rows.
	article processing		
	charges, etc.) No time limit for		
	this item.		
		Time frame: past 36 month	s
2	Grants or contracts from	⊠ None	
	any entity (if not		
	indicated in item		
	#1 above).		

		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)
3	Royalties or licenses	None	
4	Consulting fees	□ None Phenox GmbH Penumbra	Consulting fees Consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Penumbra	Lectural support
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Acandis Penumbra	Travel and meeting expenses Travel and meeting expenses
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,	None	

		me all entities with whom you have th ationship or indicate none (add rows a	
	society, committee or advocacy group, paid or unpaid		
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: Certify that have answered every question and have not altered the wording of any of the questions on this form.		

Date:	_9/8/2021		
Your Name:	Christian Roth		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
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		Time frame: Since the initial planning of	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	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
3	Royalties or licenses	None Non	
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 Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
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		e following statement to indicate your agreeme	

Date:	9/8/2021		
Your Name:	Christina Wendl		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
Manuscript Number (if known):	neurintsurg-2021-017809.R1		

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			ies with whom you have this r 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		Click the tab key to add additional rows.
			Time frame: past 36 montl	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
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 answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/9/2021		
Your Name:	Cezary Wałęsa		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
Manuscript Number (if known):	neurintsurg-2021-017809.R1		

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

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
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 answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/8/2021	
Your Name:	Frédéric Clarençon	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
Manuscript Number (if known):	neurintsurg-2021-017809.R1	

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

		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)
3	Royalties or licenses	None None	
4	Consulting fees	□ None Balt Medtronic Stryker	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Penumbra	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Microvention	
10	Leadership or fiduciary role in other board,	None	

		me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid			
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/9/2021	
Your Name:	Francis Turjman	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
Manuscript Number (if known):	neurintsurg-2021-017809.R1	

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

		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)
3	Royalties or licenses	None	
4	Consulting fees	Medtronic, balt	
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 Balt	
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,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
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 answered every question and have not altered the wording of any of the questions on this form.		rding of any of the questions on this form.	

Date:	9/9/2021
Your Name:	GASCOU GREGORY
Manuscript Title:	Diversion P64- Results from an international, prospective, multicenter, single arm post market study to assess the safety and effectiveness of the P64 flow modulation device
Manuscript Number (if known):	2021-017809.R1

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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	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	

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None Non	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/9/2021	
Your Name:	Hans Henkes	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicentre, Single-arm Post-Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
Manuscript Number (if known):	neurintsurg-2021-017809.R1	

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		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g.,	Participation in writing the body of the manuscript	No
	funding, provision of study materials,	Treating patients and preparing materials for the core-lab	
	medical writing,	Extracting data from the published literature	Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	ns .
2	Grants or contracts from	□ None	
	any entity (if not	Co-founder and shareholder in Phenox gmbh,	
	indicated in item #1 above).	shareholder of femtos GmbH and CONTARA GmbH	

		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)
3	Royalties or licenses	□ None No royalties or licenses are beyond those with Phenox gmbh	
4	Consulting fees	□ None Fee for service contract for proctoring and consulting with Phenox gmbh	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	□ None Payment for expert testimony for German courts	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	□ None Many. Several patents for neurovascular devices are issued or/and pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	⊠ None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	☐ None Yes. Stock in Penumbra and J&J.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	_ 9/8/2021		
Your Name:	Joachim Klisch		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
Manuscript Number (if known):	neurintsurg-2021-017809.R1		

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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			Click the tab key to add additional rows.
			Time	frame: past 36 month	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	□ None Phenox Microvention	Prcotoring/Consulting payment to Helios General Hospital Erfurt,Germany Proctoring/Consulting payment to Helios General Hospital Erfurt, Germany
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None		
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/9/2021
Your Name:	Laurent Pierot
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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				ies with whom yor r indicate none (a	ou have this add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
				Time frame: Sine	ce 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.	phe	None			Click the tab key to add additional rows.
				Time	frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			

		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)
3	Royalties or licenses	None None	
4	Consulting fees	Balt, Microvention, Vesalio, Perflow, Cerus Endovascular	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in	⊠ None	

		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)		
	other board, society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non			
13	Other financial or non-financial interests	None None			
Plea	Please place an "X" next to the following statement to indicate your agreement:				
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/8/2021
Your Name:	Laurent SPELLE
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			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).	Phil	ips	Contract with my hospital

		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)
æ	Royalties or licenses	None Non	
4	Consulting fees	□ None Balt, Medtronic, Microvention, Phenox, Stryker	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Balt, Medtronic, Microvention, Stryker	Payments to me
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None Balt, Medtronic, Microvention, Stryker	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid				
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 answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/8/2021	
Your Name:	Luc Stockx	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
Manuscript Number (if known):	neurintsurg-2021-017809.R1	

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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.

		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)
		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	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	

		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)
3	Royalties or licenses	None	
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None ■	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	□ None	
		MEDTRONIC	stock
		TERUMO	stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	09.09.2021
Your Name:	Marta Aguilar Pérez
Manuscript Title:	Diversion-p64
Manuscript Number (if known):	

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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	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).	Pro	None ctor and consulting contract with Phenox (last tract in 2019)	

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	□ None Phenox (last contract in 2019)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Phenox (last contract in 2019)	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Phenox (last time January 2020)	
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,	None	

			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)
	society, committee or advocacy group, paid or unpaid			
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:			

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

Marton

Date:	09/09/2021
Your Name:	Dr. Massimo Dall'Olio
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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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 manuscript (e.g., funding, provision	X None	
	of study		
	materials, medical		Click the tab key to add additional rows.
	writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item	X None	
	#1 above).		

4	Royalties or licenses Consulting fees	X None
		X None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	X None
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None
10	Leadership or fiduciary role in other board,	X None

	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	
Dloa	Please place an "Y" payt to the following statement to indicate your agreement:		

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.

Date:	08.09.2021
Your Name:	Marcin Miś.
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post-Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g.,	□ None	
	funding, provision of study materials,	Official funding of The P64 study	
	medical writing, article processing		Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Proctoring: Penumbra	

3	Royalties or licenses	X None
4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	X None
7	Support for attending meetings and/or travel	None Procardia, Polimed,
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	
Pleas	Please place an "X" next to the following statement to indicate your agreement:		

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

ete: 9/8/2021	
Your Name:	Nunzio Paolo Nuzzi
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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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.

			ies with whom yo r indicate none (a	ou have this add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Sin	ce the initial planning	g 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			Click the tab key to add additional rows.
			Time	frame: past 36 mont	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
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 answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/26/2021		
Your Name:	Peter Keston		
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device		
Manuscript Number (if known):	neurintsurg-2021-017809.R1		

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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)			
		Time frame: Since the initial planning of the work				
1	All support for the present	None				
	manuscript (e.g.,	Phenox Gmbh	Payments to institution			
	funding, provision					
	of study materials,		Click the tab key to add additional rows.			
	medical writing, article processing					
	charges, etc.)					
	No time limit for					
	this item.					
		Time frame: past 36 months	s			
2	Grants or	x None				
	contracts from					
	any entity (if not indicated in item					
	#1 above).					

		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)
3	Royalties or licenses	x None	
4	Consulting fees	□ None Phenox Gmbh	Consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Phenox Gmbh	Presenting fees
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	None Phenox Gmbh	Travel and meeting expenses
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
10	Leadership or fiduciary role in other board,	x None	

		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)	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	x None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Phenox Gmbh	Receipt of computer equipment	
13	Other financial or non-financial interests	X None		
Plea X	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.			

Date:	9/8/2021
Your Name:	PEDRO LYLYK
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post-Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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				Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	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 we made to you or to your institution)
3	Royalties or licenses	X None	
	, " , " = " a		kati uta 19 feligia di 1975 di primano fisika pilonoporali ante di 1995 di 1995. Nata 1985 di 1995 di 1
4	Consulting fees	X None	>
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers		
	bureaus, manuscript		
	writing or		
	educational events		
6	Payment for expert testimony	X None	
	e		
7	Support for attending	X None	
	meetings and/or		
	travel		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety	X None	
- 1	Monitoring Board or Advisory Board		
10	Leadership or	X None	
TO	fiduciary role in	V MOLE	
	other board,		
2		8/26/2021	ICMJE Disclosure Fo

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were d) made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X 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.

PEDNO LYLYK

3

8/26/2021

ICMJE Disclosure Fo



Date:	9/8/2021	
Your Name:	Peter Schramm	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
Manuscript Number (if known):	neurintsurg-2021-017809.R1	

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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)
		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	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	

		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)
3	Royalties or licenses	None None	
4	Consulting fees	□ None Phenox Penumbra Stryker	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Phenox Penumbra Stryker	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None ■	

		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)
	society, committee or advocacy group, paid or unpaid		
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	9/9/2021
Your Name:	Dr. Stefanita Dima
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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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.

			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)
			Time frame: Since the initial planning	of the work
1	All support for the present		None	
	manuscript (e.g.,	Phe	nox GmbH	Payments to institution
	funding, provision			
	of study materials,			Click the tab key to add additional rows.
medical writing, article processing				
	charges, etc.)			
	No time limit for			
	this item.			
			Time frame: past 36 month	s
2	Grants or	\boxtimes	None	
	contracts from			
	any entity (if not			
	indicated in item #1 above).			
	#I above).			
l				

		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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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,	□ None	

		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)	
	society, committee or advocacy group, paid or unpaid	President of the Central and Eastern European Committee of ESMINT until September 2020	
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	nswered every question and have not altered the wording of any of the questions on this form.	

Date:	8/9/2021
Your Name:	Stanimir Sirakov
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicentre, Single-arm Post-Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device
Manuscript Number (if known):	neurintsurg-2021-017809.R1

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3	Royalties or licenses	None Non	
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 Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None Non	
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Date:	9/8/2021	
Your Name:	Yakovlev Sergei	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
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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	
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\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/14/2021	
Your Name:	Dr Anthony JP Goddard	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicentre, Single-arm Post-Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
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3	Royalties or licenses	None None	
4	Consulting fees	☐ None I work as a paid proctor for Phenox in my own time.	2 cases in the last year paying approximately £1,000 each
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6	Payment for expert testimony	None None	
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8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in	None	

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other board, society, committee or advocacy group, paid or unpaid		
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
Other financial or non-financial interests	None Non	
Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.		
	society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests None None

Date:	8/26/2021	
Your Name:	Tine Marieke Willems	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicenter, Single-arm Post- Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
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	manuscript (e.g.,	Data analysis for phenox GmbH	payment to my company T!Write	
	funding, provision of study materials,		Click the tab key to add additional rows.	
	medical writing,		CHER CHE COD REY TO dud duditional 10495.	
article processing				
	charges, etc.) No time limit for			
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	Time frame: past 36 months			
2 Grants or Sontracts from Sontracts from Sontracts				
	any entity (if not			
	indicated in item #1 above).			
	#1 above).			

		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)
3	Royalties or licenses	None	
4	Consulting fees	□ None Data analysis for several clinical trials of Phenox GmbH	payment to my company T!Write
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None presentation for sales team of Phenox GmbH	payment to my company T!Write
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None support for attending publication committee meeting	travel expenses were reimbursed
8	attending meetings and/or	support for attending publication committee	travel expenses were reimbursed
	attending meetings and/or travel Patents planned, issued or	support for attending publication committee meeting	travel expenses were reimbursed

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

Date:	9/9/2021	
Your Name:	_ Xavier Barreau	
Manuscript Title:	Diversion-p64 – Results from an International, Prospective, Multicentre, Single-arm Post-Market Study to Assess the Safety and Effectiveness of the p64 Flow Modulation Device	
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