

ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 9/8/2021

Your Name: Bonafé Alain

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

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Date: 9/8/2021

Your Name: Dr. Andy Clifton

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ICMJE DISCLOSURE 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

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Date: 9/8/2021

Your Name: Dr Ana Narata

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| | society, committee or advocacy group, paid or unpaid | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |

ICMJE DISCLOSURE FORM

Date: 9/8/2021

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

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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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.

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE 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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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[Signature]
Blaine barlow

ICMJE DISCLOSURE FORM

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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| Phenox GmbH | Payments to institution | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1"> <tr><td>Acandis</td><td>Travel and meeting expenses</td></tr> <tr><td>Penumbra</td><td>Travel and meeting expenses</td></tr> <tr><td></td><td></td></tr> </table> | | Acandis | Travel and meeting expenses | Penumbra | Travel and meeting expenses | | | | |
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ICMJE DISCLOSURE 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

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

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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ICMJE DISCLOSURE FORM

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

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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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.

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr><td>Medtronic, balt</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Medtronic, balt | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <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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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1"> <tr><td>Balt</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Balt | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |

ICMJE DISCLOSURE 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

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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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.

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

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

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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| Time frame: Since the initial planning of the work | | | | | | | | |
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| Participation in writing the body of the manuscript | No | | | | | | | |
| Treating patients and preparing materials for the core-lab | | | | | | | | |
| Extracting data from the published literature | Click the tab key to add additional rows. | | | | | | | |
| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1"> <tr> <td>Co-founder and shareholder in Phenox gmbh, shareholder of femtos GmbH and CONTARA GmbH</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Co-founder and shareholder in Phenox gmbh, shareholder of femtos GmbH and CONTARA GmbH | | | | | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None <table border="1"> <tr> <td>No royalties or licenses are beyond those with Phenox gmbh</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | No royalties or licenses are beyond those with Phenox gmbh | | | | | | | | |
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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Fee for service contract for proctoring and consulting with Phenox gmbh</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Fee for service contract for proctoring and consulting with Phenox gmbh | | | | | | | | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None <table border="1"> <tr> <td>Payment for expert testimony for German courts</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Payment for expert testimony for German courts | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <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 type="checkbox"/> None <table border="1"> <tr> <td>Many. Several patents for neurovascular devices are issued or/and pending</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Many. Several patents for neurovascular devices are issued or/and pending | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 10 | Leadership or fiduciary role in | <input checked="" type="checkbox"/> None | | | | | | | | | |

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| | other board, society, committee or advocacy group, paid or unpaid | | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Yes. Stock in Penumbra and J&J. | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE 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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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td>Phenox</td> <td>Prctoring/Consulting payment to Helios General Hospital Erfurt, Germany</td> </tr> <tr> <td>Microvention</td> <td>Proctoring/Consulting payment to Helios General Hospital Erfurt, Germany</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | Phenox | Prctoring/Consulting payment to Helios General Hospital Erfurt, Germany | Microvention | Proctoring/Consulting payment to Helios General Hospital Erfurt, Germany | | | | |
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ICMJE DISCLOSURE 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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| 10 | Leadership or fiduciary role in | <input checked="" type="checkbox"/> None | | | | | | | | | |

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ICMJE DISCLOSURE 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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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

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| | | MEDTRONIC | stock |
| | | TERUMO | stock |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE 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. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | |
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| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Proctor and consulting contract with Phenox (last contract in 2019)</td> <td style="width: 40%;"></td> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | Proctor and consulting contract with Phenox (last contract in 2019) | | | | | |
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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) | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr><td>Phenox (last contract in 2019)</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Phenox (last contract in 2019) | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <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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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1"> <tr><td>Phenox (last time January 2020)</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Phenox (last time January 2020) | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |

ICMJE DISCLOSURE FORM

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

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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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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div>Click the tab key to add additional rows.</div> | | | | | | |
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| Time frame: past 36 months | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None | |

28/26/2021CMJE Disclosure Form

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| | society, committee or advocacy group, paid or unpaid | | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |

ICMJE DISCLOSURE 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

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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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.

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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. | <input type="checkbox"/> None <table border="1"> <tr> <td>Official funding of The P64 study</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table> | Official funding of The P64 study | | | | | Click the tab key to add additional rows. |
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| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1"> <tr> <td>Proctoring: Penumbra</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Proctoring: Penumbra | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1"> <tr><td>Procardia, Polimed,</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Procardia, Polimed, | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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28/26/2021CMJE Disclosure Form

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <div>X None</div> <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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| 11 | Stock or stock options | <div>X None</div> <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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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <div>X None</div> <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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| 13 | Other financial or non-financial interests | <div>X None</div> <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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| <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> | | | | | | | | |

ICMJE DISCLOSURE FORM

Date: 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.

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|---|---|---|
| Time frame: Since the initial planning of the work | | |
| 1 | <input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div> | <div>Click the tab key to add additional rows.</div> |
| Time frame: past 36 months | | |
| 2 | <input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div> | |

| | | 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) | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table> | | | | | | | |
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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) |
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| | society, committee or advocacy group, paid or unpaid | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |

ICMJE DISCLOSURE 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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| 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. | <div style="text-align: center;">None</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Phenox GmbH</td> <td style="width: 50%;">Payments to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | | Phenox GmbH | Payments to institution | | | Click the tab key to add additional rows. | |
| Phenox GmbH | Payments to institution | | | | | | | | |
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| Click the tab key to add additional rows. | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <div style="text-align: center;">x None</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Phenox Gmbh</td> <td>Consulting fees</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Phenox Gmbh | Consulting fees | | | | | | | |
| Phenox Gmbh | Consulting fees | | | | | | | | | | |
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| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1"> <tr> <td>Phenox Gmbh</td> <td>Presenting fees</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Phenox Gmbh | Presenting fees | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <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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| 7 | Support for attending meetings and/or travel | None <table border="1"> <tr> <td>Phenox Gmbh</td> <td>Travel and meeting expenses</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Phenox Gmbh | Travel and meeting expenses | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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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) |
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| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
| | | Phenox Gmbh | Receipt of computer equipment |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |

ICMJE DISCLOSURE 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

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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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.

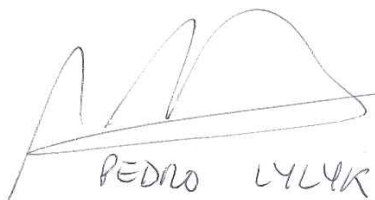
| | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| Time frame: Since the initial planning of the work | | |
| 1 | <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> None |
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| | | Click the tab key to add additional rows. |
| Time frame: past 36 months | | |
| 2 | <input checked="" type="checkbox"/> Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> 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) |
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| 3 | Royalties or licenses | X None | |
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| 4 | Consulting fees | X None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None | |
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| 6 | Payment for expert testimony | X None | |
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| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None | |
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| 10 | Leadership or fiduciary role in other board, | X None | |
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| | 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 | |
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| | | | |
| 13 | Other financial or non-financial interests | X None | |
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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.


PEDRO LYLEK

ICMJE DISCLOSURE FORM

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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr><td>Phenox</td><td></td></tr> <tr><td>Penumbra</td><td></td></tr> <tr><td>Stryker</td><td></td></tr> <tr><td></td><td></td></tr> </table> | Phenox | | Penumbra | | Stryker | | | | |
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| Penumbra | | | | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |

ICMJE DISCLOSURE 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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|--|--|---|---|-------------|-------------------------|--|--|---|--|
| 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. | <input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Phenox GmbH</td> <td style="width: 50%;">Payments to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table> | | Phenox GmbH | Payments to institution | | | Click the tab key to add additional rows. | |
| Phenox GmbH | Payments to institution | | | | | | | | |
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| Click the tab key to add additional rows. | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| | | | |
| <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> | | | |

ICMJE DISCLOSURE 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

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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| Time frame: Since the initial planning of the work | | | | | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

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

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

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

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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>I work as a paid proctor for Phenox in my own time.</td> <td>2 cases in the last year paying approximately £1,000 each</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | 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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ICMJE DISCLOSURE FORM

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

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

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ICMJE DISCLOSURE 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

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.

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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. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="font-size: small; color: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</div> | | | | | | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <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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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <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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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <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"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table> | | | | | | | |
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|---|--|--|---|
| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <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> | | | |