

ICMJE DISCLOSURE FORM

Date: 9/15/2021

Your Name: Adam S Arthur, MD, MPH

Manuscript Title: How to iGuide: Use of flat panel detector CT-assisted minimally invasive intracranial hematoma evacuation

Manuscript Number (if known): neurintsurg-2021-017903.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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Balt	Johnson and Johnson										
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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Balt USA	Medtronic
		Microvention	Penumbra
		Siemens	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<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: 9/15/2021

Your Name: Daniel L. Cooke, MD

Manuscript Title: How to iGuide: Use of flat panel detector CT-assisted minimally invasive intracranial hematoma evacuation

Manuscript Number (if known): neurintsurg-2021-017903.R1

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/15/2021

Your Name: Julie DiNitto, PhD

Manuscript Title: How to iGuide: Use of flat panel detector CT-assisted minimally invasive intracranial hematoma evacuation

Manuscript Number (if known): neurintsurg-2021-017903.R1

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Date: 9/15/2021

Your Name: David Dornbos III, MD

Manuscript Title: How to iGuide: Use of flat panel detector CT-assisted minimally invasive intracranial hematoma evacuation

Manuscript Number (if known): neurintsurg-2021-017903.R1

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ICMJE DISCLOSURE FORM

Date: 9/15/2021

Your Name: David Fiorella, MD

Manuscript Title: How to iGuide: Use of flat panel detector CT-assisted minimally invasive intracranial hematoma evacuation

Manuscript Number (if known): neurintsurg-2021-017903.R1

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	fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Journal of NeuroInterventional Surgery (editorial board member)	
11	Stock or stock options	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/15/2021

Your Name: Cathra Halabi, MD

Manuscript Title: How to iGuide: Use of flat panel detector CT-assisted minimally invasive intracranial hematoma evacuation

Manuscript Number (if known): neurintsurg-2021-017903.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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<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: 9/15/2021

Your Name: Kerstin Mueller, PhD

Manuscript Title: How to iGuide: Use of flat panel detector CT-assisted minimally invasive intracranial hematoma evacuation

Manuscript Number (if known): neurintsurg-2021-017903.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: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<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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