Date:	3/9/2022
Your Name:	ALBUCHER jean francois
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.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 o	of the work
2	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.  Grants or contracts from any entity (if not indicated in item #1 above).	None  Time frame: past 36 months  None  None	Click the tab key to add additional rows.
3	Royalties or licenses	None 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)
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, society, committee or advocacy group, paid or unpaid	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)
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:	3/9/2022
Your Name:	Caroline ARQUIZAN
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
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Date:	3/9/2022
Your Name:	ARTURO CONSOLI
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

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Date:	3/9/2022
Your Name:	Raphael BLANC
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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3	Royalties or licenses	None None	

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4	Consulting fees	None 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	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None 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:	3/9/2022
Your Name:	Dr Marion Boulanger
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

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4	Consulting fees	None 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	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/9/2022
Your Name:	Romain BOURCIER
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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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	Image: square of the property o	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
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Date:	3/9/2022	
Your Name:	Frédéric Bourdain	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None	
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Date:	3/9/2022
Your Name:	Jildaz CAROFF
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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Date:	3/9/2022
Your Name:	Frederic CLARENCON
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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3	Royalties or licenses	None 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)
4	Consulting fees	□ None  Medtronic	Payment made to me
		Stryker Balt	Payment made to me Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Penumbra Balt Medtronic	Payment made to me Payment made to me Payment made to me
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	Clinsearch	Payment made to me
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Date:	3/9/2022
our Name:	Darcourt Jean
Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISA	
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7	Support for attending meetings and/or travel	None	
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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:	3/9/2022	
Your Name:	Cyril DARGAZANLI	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
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3	Royalties or	⊠ None	
3	licenses	NOTE	

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

Date:	3/9/2022
Your Name:	Christian DENIER
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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3	Royalties or	⊠ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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:	3/9/2022
Your Name:	Mahmoud Elhorany
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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Date:	3/9/2022
Your Name:	Francois EUGENE
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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Date:	3/9/2022
Your Name:	Dr Evain Sarah
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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educational	
events	
6 Payment for	⊠ None
expert testimo	ony la rone
7 Support for	
11	⊠ None
attending	
meetings and/ travel	or
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8 Patents planne	rd, ⊠ None
issued or	5 Trong
pending	
9 Participation or	
a Data Safety	n ⊗ None
Monitoring	
Board or	
Advisory Board	
10 Leadership or	⊗ None
fiduciary role in	
other board,	
society,	
committee or	
advocacy group,	
paid or unpaid	
11 Stock or stock	⊠ None
options	
12 Passint of	
12 Receipt of	⊗ None
equipment,	
materials, drugs,	
medical writing,	
gifts or other	
services	
13 Other financial	⊠ None
or non-financial	≥ None
interests	
interests	
A TELEPHONE	
Please place an "Y"	next to the following statement to indicate your agreement:
Loorify that I have	answered every question and have not altered the wording of any of the questions on this
Means that I have	answered every question and have not ancred the wording of any of the questions of the
form.	C. Marios tivilsil
	Jeponano) rivira
	7
3 12/13/2021	e answered every question and have not altered the wording of any of the questions on this  Stephanos tinitsif  ICMJE Disclosure Form
	AN/
	A.

Date:	3/9/2022
Your Name:	Maxime GAUBERTI
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.R1

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4	Consulting fees	None 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	Image: square of the property o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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13	Other financial or non-financial interests	None	
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Date:	3/9/2022	
Your Name:	Gentric JC	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN	
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4	Consulting fees	None  Medtronic Stryker Balt	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	Image: square of the property o	
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   Intradys	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Please place an "X" next to the following statement to indicate your agreement:			
Plea X			

Date:	_3/9/2022	
Your Name:	Benjamin GORY	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  None	
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Date:	3/9/2022
Your Name:	Bertrand LAPERGUE
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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Date:	3/9/2022
Your Name:	Anthony LE BRAS
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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Date:	3/9/2022
Your Name:	Francisco MACIAN
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscript Number (if known):	neurintsurg-2022-018769.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 o	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 None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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)
4	Consulting fees	None 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	Image: square of the property o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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:	3/9/2022
Your Name:	Gaultier Marnat
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
	THE EARLY TIME WINDOW. INCIDENCE AND PREDICTORS
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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	
3	Royalties or licenses	None	

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4	Consulting fees	□ None  Stryker	Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		Paid lecture Paid lecture
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	
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Date:	3/9/2022	
Your Name:	NAGGARA	
Manuscript Title:	[POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
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:	_3/9/2022	
Your Name:	Chrisanthi Papagiannaki	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN	
	THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
Manuscript Number (if known):	neurintsurg-2022-018769.R1	

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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Date:	3/9/2022
Your Name:	Raoul Pop
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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3	Royalties or licenses	None None	

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4	Consulting fees	None 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	Image: square of the square o	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
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Date:	3/9/2022	
Your Name:	Sébastien RICHARD	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
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Date:	3/9/2022
Your Name:	ROSSO CHARLOTTE
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
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3	Royalties or licenses	None None	

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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	
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13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	_3/9/2022	
Your Name:	Aymeric ROUCHAUD	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
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4	Consulting fees	□ None  Balt	
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, society, committee or advocacy group, paid or unpaid	[⊠] None	

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Date:	9/3/2022
Your Name: SIBON Igor	
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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3	Royalties or licenses	None	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Sanofi Synthé-Labo	Payment to me
		Servier	Payment to me
		Boheringer Ingelheim	Payment to me
		Astra-Zeneca	Payment to me
		Novonordisk	Payment to me
		Medtronic	Payment to me
5	Payment or honoraria for	□ None	
	lectures,	Sanofi Synthé-Labo	Payment to me
	presentations,	Medtronic	Payment to me
	speakers	Boheringer Ingelheim	Payment to me
	bureaus,	Astra-Zeneca	Payment to me
	manuscript	BMS-Pfizer	Payment to me
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for	None	
	attending		
	meetings and/or travel		
	tiavei		
_			
8	Patents planned, issued or pending	None	
	, 0		
9	Participation on a Data Safety	None	
	Monitoring Board		
	or Advisory Board		
10	Loodorshir	None.	
10	Leadership or fiduciary role in	⊠ None	
	other board,		
	society,		
	committee or		
	advocacy group,		
	paid or unpaid		

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			Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
13	Other financial or non-financial interests	None None	
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3 8/26/2021 ICMJE Disclosure Form

Date:	3/9/2022	
Your Name: Serge Timsit		
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS	
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Date:	3/9/2022
Your Name:	Guillaume TURC
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the square o	
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Your Name:	Stephane VANNIER
Manuscript Title:	POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS
Manuscrint Number (if known):	neurintsurg_2022_018769_R1

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