

ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Caspar Brekenfeld

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.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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Your Name: Fatih Seker

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

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ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Jens Fiehler

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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Your Name: Jacob R. Morey

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Your Name: Johanna T. Fifi

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.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.

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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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: December 16, 2021

Your Name: Markus A. Möhlenbruch

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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4	Consulting fees	<input type="checkbox"/> None	
		Medtronic	Consultant
		MicroVention	Consultant
		Stryker	Consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medtronic	Payment for lectures
		Microvention	Payment for lectures
		Stryker	Payment for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Codman	Board Membership
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: December 16, 2021

Your Name: Martin Bendszus

Manuscript Title: Transferring neurointerventionalists saves time compared to interhospital transfer of stroke patients for endovascular thrombectomy: a collaborative pooled analysis of 1025 patients (EVEREST)

Manuscript Number (if known): neurintsurg-2021-018049.R1

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Date: December 16, 2021

Your Name: Sogo Oki

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Manuscript Number (if known): neurintsurg-2021-018049.R1

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Date: December 16, 2021

Your Name: Toshiya Osanai

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Manuscript Number (if known): neurintsurg-2021-018049.R1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							

		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	<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>			