

ICMJE DISCLOSURE FORM

Date: 5/6/2022

Your Name: Theo Demerath

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.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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Date: 5/6/2022

Your Name: Amin Stanicki

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.R1

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Date: 5/6/2022

Your Name: Roland Rölz

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.R1

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Date: 5/6/2022

Your Name: Mateo Tomas Farina Nunez

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.R1

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ICMJE DISCLOSURE FORM

Date: 5/6/2022

Your Name: Marco Bissolo

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.R1

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Date: 5/6/2022

Your Name: Christine Steiert

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>							

		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	<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>									
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>									
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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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>									
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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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 <div> <div></div> <div></div> <div></div> </div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
<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: 5/6/2022

Your Name: Panagiotis Fistouris

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.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.

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									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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: 5/6/2022

Your Name: Volker Arnd Coenen

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.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.

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.	<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> 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>collaborative grant from BrainLab (Munich, Germany)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	collaborative grant from BrainLab (Munich, Germany)					
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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	<input type="checkbox"/> None <div>consultant for Ceregate (Hamburg, Germany), Cortec (Freiburg, Germany) and Inbrain (Barcelona, Spain)</div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None 	
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 checked="" type="checkbox"/> None 	
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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ICMJE DISCLOSURE FORM

Date: 5/6/2022

Your Name: Horst Urbach

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>received fees as speaker from Bayer AG, Bracco, Eisai, Stryker, UCB Pharma</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	received fees as speaker from Bayer AG, Bracco, Eisai, Stryker, UCB Pharma								
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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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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: 5/6/2022

Your Name: Christian Fung

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.R1

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ICMJE DISCLOSURE FORM

Date: 5/6/2022

Your Name: Jürgen Beck

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.R1

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ICMJE DISCLOSURE FORM

Date: 5/6/2022

Your Name: Peter Christoph Reinacher

Manuscript Title: Accuracy of augmented reality-guided (AR) drainage versus stereotactic and conventional puncture in an intracerebral hemorrhage phantom model

Manuscript Number (if known): neurintsurg-2022-018678.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 type="checkbox"/> None <table border="1"> <tr> <td>research support from Else Kröner-Fresenius Foundation, Fraunhofer Foundation (ATTRACT), German Ministry for Economic Affairs and Energy, and Medical Faculty of the University of Freiburg</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	research support from Else Kröner-Fresenius Foundation, Fraunhofer Foundation (ATTRACT), German Ministry for Economic Affairs and Energy, and Medical Faculty of the University of Freiburg					
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