

ICMJE DISCLOSURE FORM

Date: 12/5/2022

Your Name: Dominik F Vollherbst

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.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	<input type="checkbox"/> None <div> <div>Balt, Montmorency, France</div> <div>This is an investigator-initiated study. The Department of Neuroradiology, Heidelberg University Hospital received a scientific grant from Balt (Montmorency, France). The contributing centers received a case fee for each patient who was included in the study. Balt did not have an influence on the study design, data collection, analysis and writing of the manuscript.</div> </div>	
Time frame: past 36 months		
2	<input type="checkbox"/> None <div> <div>Research grant by MicroVention (unrelated to this work)</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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
4	Consulting fees	<input type="checkbox"/> None <div> <div>Consultancy for Medtronic</div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <div> <div>Paid lectures for Cerenovus</div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <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)
	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: 12/7/2022

Your Name: Tobias Boppel

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Support for attending meeting and / or travel from Phenox, Microvention and Stryker</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Support for attending meeting and / or travel from Phenox, Microvention and Stryker						
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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>							
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	other board, society, committee or advocacy group, paid or unpaid	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<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: 12/7/2022

Your Name: Marta Wallocha

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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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	
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ICMJE DISCLOSURE FORM

Date: 12/7/2022

Your Name: Ansgar Berlis

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Proctoring for Microvention, Stryker and Medtronic</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Proctoring for Microvention, Stryker and Medtronic							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Board fees for CEC (Phenox) and Bayer</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Board fees for CEC (Phenox) and Bayer							
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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	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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: 12/9/2022

Your Name: Christoph Maurer

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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ICMJE DISCLOSURE FORM

Date: 12/12/2022

Your Name: Werner Weber

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

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ICMJE DISCLOSURE FORM

Date: 12/11/2022

Your Name: Sebastian Fischer

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

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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 of the work		
1	<input type="checkbox"/> None <div> <div>Balt, Montmorency, France</div> </div>	<div> This is an investigator-initiated study. The Department of Neuroradiology, Heidelberg University Hospital received a scientific grant from Balt (Montmorency, France). The contributing centers received a case fee for each patient who was included in the study. Balt did not have an influence on the study design, data collection, analysis and writing of the manuscript. </div>
Time frame: past 36 months		
2	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	

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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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input 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>							
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>							
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,	<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	
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: 12/5/2022

Your Name: Alexander Bock

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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4	Consulting fees	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
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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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ICMJE DISCLOSURE FORM

Date: 12/9/2022

Your Name: Stephan Meckel

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Travel grant by Balt (unrelated to study)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Travel grant by Balt (unrelated to study)							
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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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11	Stock or stock options	<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>							
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: 12/8/2022

Your Name: Georg Bohner

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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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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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: 12/8/2022

Your Name: Thomas Liebig

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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ICMJE DISCLOSURE FORM

Date: 12/8/2022

Your Name: Christian Herweh

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.R1

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Consultancy for Brainomix.</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Consultancy for Brainomix.						
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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,	<input checked="" type="checkbox"/> None <table border="1"> <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)
	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: 12/8/2022

Your Name: Martin Bendszus

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.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	<input type="checkbox"/> None <div> <div>Balt, Montmorency, France</div> <div>This is an investigator-initiated study. The Department of Neuroradiology, Heidelberg University Hospital received a scientific grant from Balt (Montmorency, France). The contributing centers received a case fee for each patient who was included in the study. Balt did not have an influence on the study design, data collection, analysis and writing of the manuscript.</div> </div>	
Time frame: past 36 months		
2	<input type="checkbox"/> None <div> <div>Grants/grants pending: DFG, Hopp Foundation, Novartis, Siemens, Guerbet, Stryker, Covidien</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)								
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>									
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Consultancy: Roche, Guerbet, Codman</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Consultancy: Roche, Guerbet, Codman								
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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>Payment for lectures (including service on speakers bureaus): Novartis, Roche, Guerbet, Teva, Bayer, Codman</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Payment for lectures (including service on speakers bureaus): Novartis, Roche, Guerbet, Teva, Bayer, Codman								
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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>									
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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>Board membership: DSMB Vascular Dynamics</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Board membership: DSMB Vascular Dynamics								
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10	Leadership or fiduciary role in	<input checked="" 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)
	other board, society, committee or advocacy group, paid or unpaid	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<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: 12/13/2022

Your Name: René Chapot

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.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	<input type="checkbox"/> None <div> <div>Balt, Montmorency, France</div> <div>This is an investigator-initiated study. The Department of Neuroradiology, Heidelberg University Hospital received a scientific grant from Balt (Montmorency, France). The contributing centers received a case fee for each patient who was included in the study. Balt did not have an influence on the study design, data collection, analysis and writing of the manuscript.</div> </div>							
Time frame: past 36 months								
2	<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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
4	Consulting fees	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <div> <div></div> </div>	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 12/6/2022

Your Name: Markus A Möhlenbruch

Manuscript Title: LIQUID - Treatment of high-grade dural arteriovenous fistulas with Squid liquid embolic agent: a prospective, observational multi-center study

Manuscript Number (if known): jnis-2022-019859.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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		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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Balt, Montmorency, France</td> <td style="width: 50%; padding: 5px;">This is an investigator-initiated study. The Department of Neuroradiology, Heidelberg University Hospital received a scientific grant from Balt (Montmorency, France). The contributing centers received a case fee for each patient who was included in the study. Balt did not have an influence on the study design, data collection, analysis and writing of the manuscript.</td> </tr> </table>		Balt, Montmorency, France	This is an investigator-initiated study. The Department of Neuroradiology, Heidelberg University Hospital received a scientific grant from Balt (Montmorency, France). The contributing centers received a case fee for each patient who was included in the study. Balt did not have an influence on the study design, data collection, analysis and writing of the manuscript.				
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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;"> <tr> <td style="width: 50%; padding: 5px;">Research grant: MicroVention</td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Research grant: MicroVention					
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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td>Consultancy: Codman, Covidien/Medtronic, MicroVention, Phenox, and Stryker</td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Consultancy: Codman, Covidien/Medtronic, MicroVention, Phenox, and Stryker							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td>Travel support: Codman, Covidien/Medtronic, MicroVention, Phenox, and Stryker</td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Travel support: Codman, Covidien/Medtronic, MicroVention, Phenox, and Stryker							
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