

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Behme	3. Date 08-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Letter	_____	
6. Manuscript Identifying Number (if you know it)	_____	

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 6. Disclosure Statement

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Dr. Behme has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Anastasios

2. Surname (Last Name)  
Mpotsaris

3. Date  
09-August-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Volker Maus

5. Manuscript Title  
Comment on Berkhemmer

6. Manuscript Identifying Number (if you know it)  
L17-0491

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Neuravi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Perflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Penumbra	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Mpotsaris reports personal fees from Neuravi, personal fees from Perflow, personal fees from Penumbra, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Volker

2. Surname (Last Name)  
Maus

3. Date  
07-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Comment on Berkhemer

6. Manuscript Identifying Number (if you know it)  
L17-0491

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### Section 1. Identifying Information

1. Given Name (First Name)

Nuran

2. Surname (Last Name)

Abdullayev

3. Date

07-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr. Volker Maus

5. Manuscript Title

REF: "Comment on Berkhemer"

Comments on

6. Manuscript Identifying Number (if you know it)

L17-0491

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Dr. Abdullayev has nothing to disclose.

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1. Given Name (First Name)  
Marios-Nikos

2. Surname (Last Name)  
Psychogios

3. Date  
07-August-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Volker Maus

5. Manuscript Title  
Comment on Berkhemer

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speakers bureau
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speakers bureau

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Dr. Psychogios reports other from Siemens, other from Stryker, outside the submitted work; .

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