

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## 1. Identifying information.

## 2. The work under consideration for publication.

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## 4. Intellectual Property.

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

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| Section 1. Identifying Info                                  | mation                       |                           |
|--|------------------------------|---------------------------|
| 1. Given Name (First Name)<br>Feng                           | 2. Surname (Last Name)<br>Ye | 3. Date<br>07-August-2017 |
| 4. Are you the corresponding author?                         | ✓ Yes No                     |                           |
| 5. Manuscript Title<br>Extracranial Carotid Disease and Ende | ovascular Thrombectomy       |                           |

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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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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 |  |
|--|-----|------|--|
|  |     | •    |  |



# Section 5. Relationships not covered above

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|--|--------------------------------|--|
| 1. Given Name (First Name)<br>Rongrui                        | 2. Surname (Last Name)<br>Tang | 3. Date<br>07-August-2017              |
| 4. Are you the corresponding author?                         | Yes 🖌 No                       | Corresponding Author's Name<br>Feng Ye |
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|  | -  |      | -  |  |



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|--|---------------------------------|---|--|
| <ol> <li>Given Name (Fir<br/>Yu</li> <li>Are you the corr</li> </ol> | rst Name)<br>responding author? | 2. Surname (Last Name)<br>Zhang<br>Yes 🖌 No | 3. Date<br>07-August-2017<br>Corresponding Author's Name |
|  |                                 | vascular Thrombectomy                       | Feng Ye  |

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