

ICMJE DISCLOSURE FORM

Date: 4/21/2022

Your Name: Martin Bendszus

Manuscript Title: Visibility of liquid embolic agents in fluoroscopy – a systematic in vitro study

Manuscript Number (if known): neurintsurg-2022-018958.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: Sophia Hohenstatt

Manuscript Title: Visibility of liquid embolic agents in fluoroscopy – a systematic in vitro study

Manuscript Number (if known): neurintsurg-2022-018958.R1

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Date: 4/21/2022

Your Name: Markus A Möhlenbruch

Manuscript Title: Visibility of liquid embolic agents in fluoroscopy – a systematic in vitro study

Manuscript Number (if known): neurintsurg-2022-018958.R1

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Your Name: Niclas Schmitt

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Your Name: Christof M Sommer

Manuscript Title: Visibility of liquid embolic agents in fluoroscopy – a systematic in vitro study

Manuscript Number (if known): neurintsurg-2022-018958.R1

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ICMJE DISCLOSURE FORM

Date: 4/21/2022

Your Name: Dominik F Vollherbst

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Manuscript Number (if known): neurintsurg-2022-018958.R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
<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>									