

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

GIOVANNA

2. Surname (Last Name)

VITICCHI

3. Date

18-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Impact of carotid stenosis on cerebral hemodynamic failure and cognitive impairment progression: a narrative review

6. Manuscript Identifying Number (if you know it)

ATM-2020-CASSPT-05(ATM-20-7226)

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Dr. VITICCHI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

LORENZO

2. Surname (Last Name)

FALSETTI

3. Date

18-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

VITICCHI GIOVANNA

5. Manuscript Title

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ATM-2020-CASSPT-05(ATM-20-7226)

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Dr. FALSETTI has nothing to disclose.

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1. Given Name (First Name)

ELEONORA

2. Surname (Last Name)

POTENTE

3. Date

18-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

VITICCHI GIOVANNA

5. Manuscript Title

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ATM-2020-CASSPT-05(ATM-20-7226)

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1. Given Name (First Name)

MARCO

2. Surname (Last Name)

BARTOLINI

3. Date

18-December-2020

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Yes No

Corresponding Author's Name

VITICCHI GIOVANNA

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MAURO

2. Surname (Last Name)

SILVESTRINI

3. Date

18-December-2020

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Yes No

Corresponding Author's Name

VITICCHI GIOVANNA

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