

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Constantine | 2. Surname (Last Name) Antonopoulos | 3. Date 18-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Christos Liapis |
| 5. Manuscript Title Management of Internal Carotid Artery Near-Occlusion: The Need for Updated Evidence | | |
| 6. Manuscript Identifying Number (if you know it) ATM-2019-CASS-04 | | |

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Dr. has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
ALEXANDROS

2. Surname (Last Name)
GIOSDEKOS

3. Date
18-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christos Liapis

5. Manuscript Title
Management of Internal Carotid Artery Near-Occlusion: The Need for Updated Evidence

6. Manuscript Identifying Number (if you know it)
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| 1. Given Name (First Name) Spyridon | 2. Surname (Last Name) Mylonas | 3. Date 18-March-2020 |
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Christos

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Liapis

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18-March-2020

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