

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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.

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not



| Section 1. Identifying Inform | ation | | |
|--|--------------------------------------|---|------------------|
| | | | |
| 1. Given Name (First Name) Victor | 2. Surname (Last Name) Del Brutto | 3. Da 18-A | nte pril-2020 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Tatjana Rundek | |
| 5. Manuscript Title Why Are We Still Debating Criteria for C | arotid Artery Stenosis? | | |
| 6. Manuscript Identifying Number (if you kn ATM-2020-CASS-11(ATM-20-1188A) | now it) | | |
| | | | |
| Section 2. The Work Under Co | onsideration for Publi | cation | |
| Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest | but not limited to grants, d | | - |

Section 3. Relevant financial activities outside the submitted work.

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| Are there any relevant conflicts of interest? | Yes | \checkmark | No |
|---|-----|--------------|----|
|---|-----|--------------|----|

Section 4. Intellectual Property -- Patents & Copyrights

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🗸 N | 10 |
|--|-----|-----|----|
| | | | |



Section 5. Relationships not covered above

Are there 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?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Del Brutto has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent



| Section 1. | Identifying Inform | ation | | |
|---|------------------------------|---------------------|----------------|---|
| 1. Given Name (Fir Heather | rst Name) | 2. Surnar Gornik | ne (Last Name) | 3. Date 19-April-2020 |
| 4. Are you the corresponding author? | | Yes | ✓ No | Corresponding Author's Name Tatjana Rundek and Victor Del Brutto |
| 5. Manuscript Title Why Are We Still | e Debating Criteria for C | arotid Arte | ery Stenosis? | |
| 6. Manuscript Ider | ntifying Number (if you kn | ow 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 | \checkmark | No |
|---|--|-----|--------------|----|
|---|--|-----|--------------|----|

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|-----------------|--------|-------------------|---------------------------|--------------|----------|--|
| Flexlife Health | | | | \checkmark | Equity | |

Section 4. Intellectual Property -- Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes



Section 5. Relationships not covered above

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I am a non-compensated member of the Board of Directors of IAC Vascular Testing

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Section 6.

Disclosure Statement

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Dr. Gornik reports other from Flexlife Health, outside the submitted work; and I am a non-compensated member of the Board of Directors of IAC Vascular Testing.

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|---|----------------------------------|--------------------------|
| 1. Given Name (First Name) Tatjana | 2. Surname (Last Name) Rundek | 3. Date 19-April-2020 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title Why Are We Still Debating Criteria for | r Carotid Artery Stenosis? | |
| 6. Manuscript Identifying Number (if you | know it) | |

ATM-2020-CASS-11(ATM-20-1188A)

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🖌 No

| Are there any relevant conflicts of interest? | Yes |
|---|-----|
|---|-----|

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|------------------------------|--------------|-------------------|---------------------------|--------|----------|--|
| National Institute of Health | \checkmark | | | | moderate | |

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