

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sherif

2. Surname (Last Name)
Sultan

3. Date
24-April-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title

A pilot protocol and review of triple neuroprotection with targeted hypothermia, controlled induced hypertension, and barbiturate infusion during emergency carotid endarterectomy for acute stroke after failed tPA or beyond 24-hour window

6. Manuscript Identifying Number (if you know it)

ATM-2020-CASS-14

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Sultan has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Yogesh

2. Surname (Last Name)
Acharya

3. Date
24-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sherif Sultan

5. Manuscript Title

A pilot protocol and review of triple neuroprotection with targeted hypothermia, controlled induced hypertension, and barbiturate infusion during emergency carotid endarterectomy for acute stroke after failed tPA or beyond 24-hour window

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ATM-2020-CASS-14

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Dr. Acharya has nothing to disclose.

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1. Given Name (First Name)
Nora

2. Surname (Last Name)
Barrett

3. Date
24-April-2020

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☐ Yes ☒ No

Corresponding Author's Name
Sherif Sultan

5. Manuscript Title

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Niamh

2. Surname (Last Name)
Hynes

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24-April-2020

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☐ Yes ☒ No

Corresponding Author's Name
Sherif Sultan

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Dr. Hynes has nothing to disclose.

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