

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Lukas

2. Surname (Last Name)

Mayer

3. Date

12-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michael Knoflach

5. Manuscript Title

Management and Prognosis of Acute Extracranial Internal Carotid Artery Occlusion.

6. Manuscript Identifying Number (if you know it)

ATM-2020-CASS-20(ATM-20-3169)

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Yes

No

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Dr. Mayer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Astrid

2. Surname (Last Name)

Grams

3. Date

12-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Knoflach

5. Manuscript Title

Management and Prognosis of Acute Extracranial Internal Carotid Artery Occlusion.

6. Manuscript Identifying Number (if you know it)

ATM-2020-CASS-20(ATM-20-3169)

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Dr. Grams has nothing to disclose.

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1. Given Name (First Name)

Christian

2. Surname (Last Name)

Freyschlag

3. Date

12-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Knoflach

5. Manuscript Title

Management and Prognosis of Acute Extracranial Internal Carotid Artery Occlusion.

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ATM-2020-CASS-20(ATM-20-3169)

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1. Given Name (First Name)

Maria

2. Surname (Last Name)

Gummerer

3. Date

12-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Knoflach

5. Manuscript Title

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Michael

2. Surname (Last Name)

Knoflach

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12-May-2020

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Yes No

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