

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sabine

2. Surname (Last Name)  
Collette

3. Date  
08-October-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Clinical importance of testing for clopidogrel resistance in patients undergoing carotid artery stenting

6. Manuscript Identifying Number (if you know it)  
ATM-20-7153

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Dr. Collette has nothing to disclose.

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1. Given Name (First Name)  
Reinoud

2. Surname (Last Name)  
Bokkers

3. Date  
08-October-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Sabine L. Collette

5. Manuscript Title  
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1. Given Name (First Name)  
Rudi

2. Surname (Last Name)  
Dierckx

3. Date  
08-October-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sabine L. Collette

5. Manuscript Title

Clinical importance of testing for clopidogrel resistance in patients undergoing carotid artery stenting

6. Manuscript Identifying Number (if you know it)

ATM-20-7153

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Dr. Dierckx has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Maarten	2. Surname (Last Name) Van der Laan	3. Date 08-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sabine L. Collette
5. Manuscript Title Clinical importance of testing for clopidogrel resistance in patients undergoing carotid artery stenting		
6. Manuscript Identifying Number (if you know it) ATM-20-7153		

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Dr. Van der Laan has nothing to disclose.

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Dr. Zeebregts has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)

Maarten

2. Surname (Last Name)

Uyttenboogaart

3. Date

08-October-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Sabine L. Collette

5. Manuscript Title

Clinical importance of testing for clopidogrel resistance in patients undergoing carotid artery stenting

6. Manuscript Identifying Number (if you know it)

ATM-20-7153

### 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  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Dr. Uyttenboogaart has nothing to disclose.

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