

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)
Cyril

2. Surname (Last Name)
Štěchovský

3. Date
17-April-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Long-Term Changes after Carotid Stenting Assessed by Intravascular Ultrasound and Near-Infrared Spectroscopy

6. Manuscript Identifying Number (if you know it)
CDT-21-160

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Dr. Štěchovský has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Petr	2. Surname (Last Name) Hájek	3. Date 17-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cyril Štěchovský
5. Manuscript Title Long-Term Changes after Carotid Stenting Assessed by Intravascular Ultrasound and Near-Infrared Spectroscopy		
6. Manuscript Identifying Number (if you know it) CDT-21-160		

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Dr. Hájek has nothing to disclose.

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1. Given Name (First Name)
Robert

2. Surname (Last Name)
Roland

3. Date
17-April-2021

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Yes No

Corresponding Author's Name
Cyril Štěchovský

5. Manuscript Title

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Martin

2. Surname (Last Name)
Horváth

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17-April-2021

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Yes No

Corresponding Author's Name
Cyril Štěchovský

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