Date:____Jun. 6th, 2023__

Consulting fees

X__None

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Ma	ur Name:Isabella Fiorett anuscript Title: System anuscript number (if known)	natic use of Standardized A	a-scan technique in neurosurgical intensive care unit
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

5	Payment or honoraria for	V None	
5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Command for attackling	V Nana	
7	Support for attending meetings and/or travel	XNone	
	meetings and or traver		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
	None.		

Date:____Jun. 6th, 2023____

Yo	ur Name:Francesco Mari	ia Capuano				
Ma	Manuscript Title: Systematic use of Standardized A-scan technique in neurosurgical intensive care unit					
Ma	Manuscript number (if known):QIMS-23-628					
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of If you are in doubt about whether to list a poso.			
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>			
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items			
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L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone				
		Time frame: past	t 36 months			
)	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				
1	Consulting fees	XNone				

5	Payment or honoraria for	V None	
5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
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7	Command for attackling	V Nana	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
	None.		

Yo Ma	te:Jun. 6 th , 2023 ur Name:Danilo Biondin anuscript Title: System anuscript number (if known)	natic use of Standardized A	a-scan technique in neurosurgical intensive care unit
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for	V None	
5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Command for attackling	V Nana	
7	Support for attending meetings and/or travel	XNone	
	meetings and or traver		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
	None.		

Yo Ma	te:Jun. 6 th , 2023 ur Name:Francesco Ferd nuscript Title: System nuscript number (if known)	natic use of Standardized A	A-scan technique in neurosurgical intensive care unit	
relator	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iten	•
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3	Royalties or licenses	XNone		
1	Consulting fees	XNone		

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7	Command for attackling	V Nana	
7	Support for attending meetings and/or travel	XNone	
	meetings and or traver		
8	Patents planned, issued or	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
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X__None

Ma	anuscript Title: System nuscript number (if known)	natic use of Standardized A	A-scan technique in neurosurgical intensive care unit	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
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5	lectures, presentations,	XNone	
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13	Other financial or non-	XNone	
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Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
	None.		