



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

I have no conflict of interest to declare

Please place an "X" next to the following statement to indicate your agreement:

X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

18. September 2023





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18 SEP 2023 

## ICMJE DISCLOSURE FORM

Date:      Sep. 18<sup>th</sup>, 2023     

Your Name: PIOTR PALUSZEK

Manuscript Title: Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause of cerebral ischemia in a primigravid woman

Manuscript number (if known): QIMS-23-792-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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<p>I have no conflict of interest to declare</p> <p>18 SEP 2023 <i>Rob Reynolds</i></p>
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## ICMJE DISCLOSURE FORM

Date:      Sep. 18<sup>th</sup>, 2023     

Your Name: MARIUSZ TRYSTUŁA

Manuscript Title: Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause of cerebral ischemia in a primigravid woman

Manuscript number (if known): QIMS-23-792-R1

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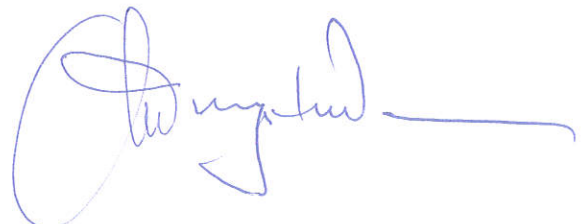
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18 Sept. 2023



**ICMJE DISCLOSURE FORM**

Date:      Sep. 18<sup>th</sup>, 2023     

Your Name: TADEUSZ PRZEWŁOCKI

Manuscript Title: Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause of cerebral ischemia in a primigravid woman

Manuscript number (if known): QIMS-23-792-R1 \_\_\_\_\_

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18 SEP 2023 

## ICMJE DISCLOSURE FORM

Date:      Sep. 18<sup>th</sup>, 2023     

Your Name:      ANNA KABŁAK-ZIEMBICKA

Manuscript Title:      Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause of cerebral ischemia in a primigravid woman

Manuscript number (if known): QIMS-23-792-R1 \_\_\_\_\_

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		FN15/2023	the St. John Paul II Hospital, Kraków, Poland
<b>Time frame: past 36 months</b>			
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This publication is supported from the grants of my place of work: (a) by the science fund of the St. John Paul II Hospital, Kraków, Poland (no FN15/2023 to A.K.-Z); and from the Jagiellonian University Medical College (no N41/DBS/001247)

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