

ICMJE DISCLOSURE FORM

Date: 9/23/2021

Your Name: Shang-Xiong Chen

Manuscript Title: Percutaneous mechanical thrombectomy of for acute superior mesenteric artery embolism via left distal transradial access in the anatomical snuffbox

Manuscript Number (if known): _____

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.

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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.

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

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

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Date: 9/23/2021

Your Name: Bin Zhang

Manuscript Title: Percutaneous mechanical thrombectomy of for acute superior mesenteric artery embolism via left distal transradial access in the anatomical snuffbox

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ICMJE DISCLOSURE FORM

Date: 9/23/2021

Your Name: Ying-Xue Hao

Manuscript Title: Percutaneous mechanical thrombectomy of for acute superior mesenteric artery embolism via left distal transradial access in the anatomical snuffbox

Manuscript Number (if known): _____

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Date: 9/23/2021

Your Name: Hang Xiao

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