

ICMJE DISCLOSURE FORM

Date: Dec. 15th, 2021

Your Name: Till Joscha Demal

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

Manuscript number (if known): JTD-21-1591

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

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Tim A. Dant

ICMJE DISCLOSURE FORM

Date: Dec. 15th, 2021

Your Name: Franziska Sitzmann

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

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Date: Dec. 15th, 2021

Your Name: Lennart Bax

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

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Date: Dec. 15th, 2021

Your Name: XXX Yskert v. Kodolitsch

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

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J. v. Kowalski

ICMJE DISCLOSURE FORM

Date: Dec. 15th, 2021

Your Name: Jens Brickwedel

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

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Date: Dec. 15th, 2021

Your Name: Johanna Konertz

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

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Date: Dec. 15th, 2021

Your Name: Daniel Maldonado Gaekel

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Date: Dec. 15th, 2021

Your Name: Ahmed Jaafar Sadeq

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Date: 17.Dec. 15th, 2021

Your Name: Tilo Kölbel

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

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Your Name: Eik Vettorazzi

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Date: Dec. 15th, 2021

Your Name: Prof. Dr. Dr. Hermann Reichensperner

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Date: Feb. 15th, 2022

Your Name: Christian Detter

Manuscript Title: Risk factors for impaired neurological outcome after thoracic aortic surgery

Manuscript number (if known): JTD-21-1591

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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