

## ICMJE DISCLOSURE FORM

Date: 06/03/2021

Your Name: Professor Anastasios Kanatas

Manuscript Title: **Conservative management of a palatal ischaemic area following embolization for a cranio-facial arteriovenous malformation (AVM) in a patient with Wyburn-Mason Syndrome**

Manuscript number (if known): FOMM-20-85

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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| <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.)<br><b>No time limit for this item.</b> | None   |   |
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**X 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: 06/03/2021

Your Name: Christos Georgiou

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