



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Henrik

2. Surname (Last Name)

Gutte

3. Date

27-November-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Endovaskulær trombektomi ved iskæmisk apopleksi

6. Manuscript Identifying Number (if you know it)

UFL-11-17-0879

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gutte has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Mattis	2. Surname (Last Name) Jørgensen	3. Date 27-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henrik Gutte
5. Manuscript Title Endovaskulær trombektomi ved iskæmisk apopleksi		
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Dr. Jørgensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Trine
2. Surname (Last Name)
Stavngaard
3. Date
27-November-2017
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Henrik Gutte
5. Manuscript Title
Endovaskulær trombektomi ved iskæmisk apopleksi
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UFL-11-17-0879

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Dr. Stavngaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Klaus	2. Surname (Last Name) Hansen	3. Date 27-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henrik Gutte
5. Manuscript Title Endovaskulær trombektomi ved iskæmisk apopleksi		
6. Manuscript Identifying Number (if you know it) UFL-11-17-0879		

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Dr. Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas Clement

2. Surname (Last Name)
Truelsen

3. Date
27-November-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Henrik Gutte

5. Manuscript Title
Endovaskulær trombektomi ved iskæmisk apopleksi

6. Manuscript Identifying Number (if you know it)
UFL-11-17-0879

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Truelsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Daniel
2. Surname (Last Name)
Kondziella
3. Date
27-November-2017
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Henrik Gutte
5. Manuscript Title
Endovaskulær trombektomi ved iskæmisk apopleksi
6. Manuscript Identifying Number (if you know it)
UFL-11-17-0879

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kondziella has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Markus 2. Surname (Last Name) Holtmannspötter 3. Date 27-November-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Henrik Gutte

5. Manuscript Title
Endovaskulær trombektomi ved iskæmisk apopleksi

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microvention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr Holtmannspötter has received honoraria for consultancy and proctoring for Medtronic, Stryker, and Microvention.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marie
2. Surname (Last Name) Cortsen
3. Date 27-November-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Henrik Gutte

5. Manuscript Title
Endovaskulær trombektomi ved iskæmisk apopleksi

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Dr. Cortsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sarah
2. Surname (Last Name)
Taudorf
3. Date
27-November-2017
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Henrik Gutte
5. Manuscript Title
Endovaskulær trombektomi ved iskæmisk apopleksi
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Dr. Taudorf has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hanne

2. Surname (Last Name)
Søndergaard

3. Date
30-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Henrik Gutte

5. Manuscript Title
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Dr. Søndergaard has nothing to disclose.

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