ICMJE DISCLOSURE FORM

Date:	23 april 2023	
Your Name:	Charles Majoie	
Manuscript Title:	Acute endovasculaire trombectomie bij het herseninfarct: uitbreiding van indicatiegebied?	
Manuscript Number (if known):	Click or tap here to enter text.	

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 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)						
	Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Click the tab key to add additional rows.							
		Time frame: past 36 month	IS						
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None grants from the Netherlands Cardiovascular Research Foundation, TWIN Foundation, European Commissior (all paid to institution); and is a (minority interest) sha	n, Healthcare Evaluation Netherlands, and Stryker						

		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)
3	Royalties or licenses	X	None	
4	Consulting fees	X	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	X	None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		None	

10 l			made to you or to your institution)
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	 None Research leader of CONTRAST consortium unpaid 	
	Stock or stock options	X None	
e r r g	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
r	Other financial or non-financial interests	X None	