ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Wikkeling
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   **Tim**

2. Surname (Last Name)  
   **Wikkeling**

3. Date  
   **09-January-2021**

4. Are you the corresponding author?  
   - Yes  
   - No  
   **Corresponding Author’s Name**  
   **Ben Saleem**

5. Manuscript Title  
   **Treatment of patch infection after carotid endarterectomy**

6. Manuscript Identifying Number (if you know it)  
   **ATM-20-7513**

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
- Yes  
- No

### Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Wikkeling has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Senne
2. Surname (Last Name)  van Gijssel
3. Date  09-January-2021

4. Are you the corresponding author?  
   □ Yes  [✓] No
   Corresponding Author’s Name  Ben Saleem

5. Manuscript Title
   Treatment of patch infection after carotid endarterectomy

6. Manuscript Identifying Number (if you know it)
   ATM-20-7513

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Dr. van Gijssel 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)  Maarten
2. Surname (Last Name)  van der Laan
3. Date  09-January-2021

4. Are you the corresponding author?  
   [ ] Yes  [✓] No
   Corresponding Author’s Name  Ben Saleem

5. Manuscript Title
   Treatment of patch infection after carotid endarterectomy

6. Manuscript Identifying Number (if you know it)
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Dr. van der Laan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Clark

2. Surname (Last Name)  
   Zeebregts

3. Date  
   09-January-2021

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Ben Saleem

5. Manuscript Title  
   Treatment of patch infection after carotid endarterectomy

6. Manuscript Identifying Number (if you know it)  
   ATM-20-7513

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Dr. Zeebregts has nothing to disclose. Dr. Zeebregts has nothing to disclose.

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Saleem
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ben
2. Surname (Last Name)  Saleem
3. Date  09-January-2021

4. Are you the corresponding author?  ✓ Yes  ☐ No

5. Manuscript Title
   Treatment of patch infection after carotid endarterectomy

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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Dr. Saleem has nothing to disclose.

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