ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Bilal

2. Surname (Last Name)  
   Azhar

3. Date  
   28-April-2020

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

5. Manuscript Title  
   Timing of Carotid Endarterectomy and Clinical Outcomes

6. Manuscript Identifying Number (if you know it)  
   ATM-2020-CASS-09(ATM-20-1130)

Section 2. The Work Under Consideration for Publication

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Dr. Azhar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   Budge

3. Date  
   05-May-2020

4. Are you the corresponding author?  
   No

Corresponding Author's Name  
Bilal Azhar

5. Manuscript Title  
Timing of Carotid Endarterectomy and Clinical Outcomes

6. Manuscript Identifying Number (if you know it)  
ATM-2020-CASS-09(ATM-20-1130)

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Dr. Budge has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**  
   27-April-2020

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   **Corresponding Author's Name**  
   Bilal Azhar

5. **Manuscript Title**  
   Timing of Carotid Endarterectomy and Clinical Outcomes

6. **Manuscript Identifying Number (if you know it)**  
   ATM-20-1130

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Section 1. Identifying Information

1. Given Name (First Name)  Ian

2. Surname (Last Name)  Loftus

3. Date  28-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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