ICMJE DISCLOSURE FORM

Date:___________________________________ 3.15.20
Your Name: ____________________________________________ Aditya Khurana
Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
Manuscript number (if known): ____________________________________________________________

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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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **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. | ___x__ None                                                                     |
|   |                                                                                                 |                                                                                  |
|   | **Time frame: past 36 months**                                                                  |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | ___x__ None                                                                     |
| 3 | Royalties or licenses                                                                          | ___x__ None                                                                     |
| 4 | Consulting fees                                                                                | ___x__ None                                                                     |
|   | Description                                                                 | Response |
|---|----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                                | None     |
| 7 | Support for attending meetings and/or travel                                 | None     |
| 8 | Patents planned, issued or pending                                          | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | None     |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
|11 | Stock or stock options                                                      | None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
|13 | Other financial or non-financial interests                                   | None     |

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ICMJE DISCLOSURE FORM

Date:___________________________________ 3.15.20
Your Name:_______________________________Keith Quencer_______________________
Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
Manuscript number (if known):__________________________________________________________________

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| 3 | Royalties or licenses | _x_ None |
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|   | Description                                                                                                                                                                                 | __x__ None |
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Date: _______________________________ 3.15.20
Your Name: _______________________________ Aman Saini
Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
Manuscript number (if known): ________________________________________________________________

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| 3 | Royalties or licenses | _x_ None |
| 4 | Consulting fees | _x_ None |
|   | Description                                                                 | Agreement |
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|11 | Stock or stock options                                                      | X_None    |
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Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
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|   | _x_ None |
|   |   |
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|   |   |
| **2** | **Grants or contracts from any entity (if not indicated in item #1 above).** | _x_ None |
|   |   |
|   |   |
|   |   |
| **3** | **Royalties or licenses** | _x_ None |
|   |   |
|   |   |
| **4** | **Consulting fees** | _x_ None |
|   |   |
|   |   |
|   | Description                                                                 | X  |
|---|-----------------------------------------------------------------------------|----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                | None |
| 7 | Support for attending meetings and/or travel                                | None |
| 8 | Patents planned, issued or pending                                          | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11| Stock or stock options                                                      | None |
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Date:___________________________________ 3.15.20
Your Name:_____________________________________ Hassan Albadawi
Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
Manuscript number (if known): __________________________________________

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|   | **Time frame: Since the initial planning of the work**                                |                                                                                   |
| #2 | Grants or contracts from any entity (if not indicated in item #1 above).        | _x_ None<br><br>                                                                 |
| #3 | Royalties or licenses                                                              | _x_ None<br><br>                                                                |
| #4 | Consulting fees                                                                   | _x_ None<br><br>                                                                |
|   | **Time frame: past 36 months**                                                   |                                                                                   |
|   | Question                                                                 | Response |
|---|------------------------------------------------------------------------|----------|
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| 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       | _x_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
| 11| Stock or stock options                                                  | _x_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |
| 13| Other financial or non-financial interests                               | _x_ None |

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Date: _____________________________________ 3.15.20

Your Name: ____________________________________________ Leila Jamal

Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review

Manuscript number (if known): ________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __x__ None |
| 3 | Royalties or licenses | __x__ None |
| 4 | Consulting fees | __x__ None |
|   | **Time frame: past 36 months** | |
|   | Description                                                                 | X | Answer |
|---|-----------------------------------------------------------------------------|---|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 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            | X | None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None   |
|11 | Stock or stock options                                                       | X | None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None   |
|13 | Other financial or non-financial interests                                    | X | None   |

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Date: ___________________________________ 3.15.20
Your Name: ___________________________________ Sailendra Naidu
Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
Manuscript number (if known): ___________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                          | __x__ None |
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| 4 | Consulting fees                                                                                                     | __x__ None |
|   | **Time frame: past 36 months**                                                                                    |                                                                                                                                   |
|   | Statement                                                                 | Answer |
|---|---------------------------------------------------------------------------|--------|
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|   | manuscript writing or educational events                                  |        |
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|   | group, paid or unpaid                                                     |        |
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|   | services                                                                   |        |
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Date:___________________________________ 3.15.20
Your Name:______________________________________ Indravadan Patel

Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
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Date: ___________________________ 3.15.20
Your Name: ___________________________ Sadeer Alzubaidi

Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
Manuscript number (if known): ____________________________________________________________

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| 3 | Royalties or licenses                                                                          | __x__ None                                                                                   |
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Date: ___________________________________ 3.15.20
Your Name: ___________________________________________ Rahmi Oklu
Manuscript Title: Endovascular Interventions in the Management of Acute Extremity Trauma: A Narrative Review
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**Time frame: Since the initial planning of the work**

|   |                                                                                               |                                                                                   |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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| 3 | Royalties or licenses                                                                         | _x_ None                                                                            |
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**Time frame: past 36 months**

|   |                                                                                               |                                                                                   |
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