

Disclosure Purpose: AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**
No.
2. **What is the Manuscript Title?**
Pulsatility attenuation along the carotid siphon in pseudoxanthoma elasticum
3. **What is the Manuscript Identifying Number (if you know it)?**
Don't know
4. **Please select which of the following apply to each relationship or activity:**
 - a. **Grant / Contract** FP7 Ideas: European Research Council
The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**
Yes
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Disclosure Purpose: AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

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f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

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