

Disclosure Purpose: AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**
No.
2. **What is the Manuscript Title?**
Stroke Recurrence in Children with Vertebral Artery Dissecting Aneurysm
3. **What is the Manuscript Identifying Number (if you know it)?**
4. **Please select which of the following apply to each relationship or activity:**
 - a. **Grant / Contract American Stroke Association**
The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
 - b. **Grant / Contract DHHS Office of the Secretary**
The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
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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 - a. **Independent Contractor - Consultant** Balt USA, LLC
Neither
 - b. **Independent Contractor - Consultant** Medtronic USA, Inc.
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 - b. **Grant / Contract Maternal and Child Health Bureau**
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 - c. **Grant / Contract NIH/NINDS**
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Yes.

a. Please describe the interest or activity.

This study was supported in part by the American Stroke Association/Bugher Foundation Stroke Collaborative Research Center (Grant 14BFSC17540000) and the Health Resources and Services Administration (HRSA) of the U.S Department of Health and Human Services (HHS) (Grant 2H30MC24049)."

Certification

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?**

Stroke Recurrence in Children with Vertebral Artery Dissecting Aneurysm

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

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

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

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No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

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