**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

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.**
   a. **Employment** (If you need to add an interest, return to the previous step and select "Employment")
      No, I have no relevant interests of this type
   b. **Grants or contracts for research** (If you need to add an interest, return to the previous step and select "Grant/Contract")
      Yes, as disclosed above
   c. **Payment for consulting** (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
   d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events** (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")
      No, I have no relevant interests of this type
   e. **Payment for service on an advisory board** (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")
      No, I have no relevant interests of this type
   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")
      No, I have no relevant interests of this type
   h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property** (If you need to add an interest, return to the previous step and select the appropriate interest type)
      No, I have no relevant interests of this type
   i. **Patents planned, issued, or pending, whether or not you receive royalties** (If you need to add an interest, return to the previous step and select "Patents")
      No, I have no relevant interests of this type
   j. **Fiduciary Officer or Other Board Membership** (If you need to add an interest, return to the previous step and select "Fiduciary Officer")
      No, I have no relevant interests of this type
   k. **Stock or stock options** (If you need to add an interest, return to the previous step and select the appropriate interest type)
      No, I have no relevant interests of this type
   l. **Support for attending meetings or other travel** (If you need to add an interest, return to the previous step and select "Travel")
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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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2. What is the Manuscript Title?
   The Impact of Dual Antiplatelet Therapy Duration on Unruptured Aneurysm Occlusion Following Flow Diversion: A Multicenter Study

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

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   a. Independent Contractor - Consultant Balt USA, LLC
      Neither
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Disclosure Purpose: AJNR Disclosures

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   - a. Grant / Contract American Heart Association
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   - c. Grant / Contract NIH/NINDS
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No.
Laura Fenton

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)?
   do not know

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      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).
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   Stroke Recurrence in Children with Vertebral Artery Dissecting Aneurysm

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