

**Discloser Identifier:** AJNR-23-00157-68363732**Disclosure Purpose:** AJNR Disclosures**Disclosure Information:****1. Are you the corresponding author?**

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

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

AJNR-23-00157.R1

**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.****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")**

No, I have no relevant interests of this type

**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")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-104576785

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

Yes.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

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

AJNR-23-00157.R1

**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.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

Yes, as disclosed above

**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")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-2140481

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters, which was recently submitted to the American Journal of Neuroradiology.

**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. Independent Contractor - Data And Safety Monitoring** NoNO, Inc

Neither

**b. Grant / Contract** Balt USA, LLC

Neither

**c. Grant / Contract** Cerenovus, Inc

Neither

**d. Grant / Contract** Insera Therapeutics

Neither

**e. Grant / Contract** Medtronic USA, Inc.

Neither

**f. Grant / Contract** MicroVention, Inc.

Neither

**g. Grant / Contract** MiVi Neurovascular

Neither

**h. Grant / Contract** Stryker

Neither

**i. Grant / Contract** Vesalio

Neither

**j. Stock** Conway Medical

Neither

**k. Stock** Kypheze, Inc.

Neither

**l. Stock** Marblehead Medical

Neither

**m. Stock** Monarch Biosciences

Neither

n. **Stock** Nested Knowledge

Neither

o. **Stock** Nested Knowledge

Neither

p. **Stock** Piraeus Medical

Neither

q. **Stock** Superior Medical Experts

Neither

r. **Stock** Superior Medical Experts

Neither

s. **Other Intellectual Property** Balloon Guide Catheter technology

Neither

t. **Patent** Kyphoplasty device

Neither

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")**

No, I have no relevant interests of this type

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")**

No, I have no relevant interests of this type

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-105695146

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

Yes.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

**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.**

**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")**

No, I have no relevant interests of this type

**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")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-16170889

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

**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.**

**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")**

No, I have no relevant interests of this type

**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")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-105728292

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

Yes.

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

Medical Imaging Compatibility of Magnesium & Iron Based Bioresorbable Flow Diverters

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

AJNR-23'00157-105728292

**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.**

**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")**

No, I have no relevant interests of this type

**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")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Pamela Trester

**Discloser Identifier:** AJNR-23-00157-85178754

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

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

AJNR-23-00157-85178754

**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.**

**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")**

No, I have no relevant interests of this type

**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")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-105695179

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

**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.**

**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")**

No, I have no relevant interests of this type

**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")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

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?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-105694808

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

**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.**

**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")**

No, I have no relevant interests of this type

**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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No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Discloser Identifier:** AJNR-23-00157-38244165

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

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

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

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**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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No, I have no relevant interests of this type

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No, I have no relevant interests of this type

**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)**

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No.

## Certification

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**Discloser Identifier:** AJNR-23-00157-105390640

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

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

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

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Yes

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No, I have no relevant interests of this type

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No.

## Certification

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**Discloser Identifier:** AJNR-23-00157-2540755

**Disclosure Purpose:** AJNR Disclosures

## Disclosure Information:

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

No.

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

Medical Imaging Compatibility of Magnesium and Iron Based Bioresorbable Flow Diverters

**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** Bionaut

Neither

b. **Grant / Contract** Cerenovus

Neither

c. **Grant / Contract** Endovascular Engineering

Neither

d. **Grant / Contract** FrontierBio

Neither

e. **Grant / Contract** Medtronic USA, Inc.

Neither

f. **Grant / Contract** MIVI Biosciences

Neither

g. **Grant / Contract** Monarch Biosciences

Neither

h. **Grant / Contract** National Institutes of Health

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

i. **Grant / Contract** National Institutes of Health

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

j. **Grant / Contract** Neurogami Medical

Neither

k. **Grant / Contract** Sensome

Neither

l. **Grant / Contract** Stryker

Neither

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Yes



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Yes, as disclosed above

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