

Disclosure Purpose: AJNR Disclosures

Disclosure Information:

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

Yes.

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

Letter: Emergency Department Visits for Chronic Subdural Hematomas within 30 Days after Surgical Evacuation with and without Middle Meningeal Artery Embolization

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

No. AJNR-22-00660

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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b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

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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?

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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.