Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinal CSF Leak Foundation</td>
<td>Fiduciary Officer</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Official Title: President of Board of Directors

Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   Perspectives from the Inaugural Spinal CSF Leak Bridging the Gap Conference: A Convergence of Clinical and Patient Expertise

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. Fiduciary Officer Spinal CSF Leak Foundation
      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”)
      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”)
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   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 on a 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”)

Yes, as disclosed above

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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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.

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No.

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Certification

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<tbody>
<tr>
<td>Eli Lilly and Company</td>
<td>Consultant</td>
<td></td>
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</tbody>
</table>

Category: Consultant

Additional Questions

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   Yes.

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   Perspectives from the Inaugural Spinal CSF Leak Bridging the Gap Conference: A Convergence of Clinical and Patient Expertise

3. What is the Manuscript Identifying Number (if you know it)?
   AJNR-23-01044.R1

4. Please select which of the following apply to each relationship or activity:
   a. Other Professional Activities - Consultant Eli Lilly and Company
      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

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      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”)
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<tr>
<td>University of Colorado</td>
<td>Employment</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Title: Assistant Professor, Neuroradiology

Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
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3. What is the Manuscript Identifying Number (if you know it)?
   AJNR-23-01044.R1

4. Please select which of the following apply to each relationship or activity:
   a. Employment University of Colorado
      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.
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<tr>
<td>Spinal CSF Leak Foundation</td>
<td>Employment</td>
<td>Yes</td>
</tr>
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</table>

Title: Executive Director

Additional Questions

1. Are you the corresponding author?
   Yes.

2. What is the Manuscript Title?
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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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