

## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Pedro Duarte-Batista

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**Your Name:** José Hipólito Reis

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

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**Your Name:** João Silva

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Renata Marques

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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# ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** João Páscoa Pinheiro

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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# ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Rui Tuna

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Cristiano Antunes

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Maria João Machado

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Jessica Branco

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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**Date:** 12/29/2021

**Your Name:** Diogo Roque

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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**Manuscript Number (if known):** 17630

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**Your Name:** Nuno Simas

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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

# ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Wilson Teixeira

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Cátia Felício

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Miguel Ferreira

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Luís Rocha

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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**Date:** 12/29/2021

**Your Name:** Gonçalo Figueiredo

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Carolina Noronha

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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# ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Vasco Sá Pinto

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

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**Your Name:** Filipe Silva

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**Date:** 12/29/2021

**Your Name:** Ana Ferreira

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 12/29/2021

**Your Name:** Osvaldo Sousa

**Manuscript Title:** Reply to Letter to the Editor concerning "HIPTCN: Prospective Observational Study of Hypocoagulated Head Trauma Patients with Normal Admission Computed Tomography Scan"

**Manuscript Number (if known):** 17630

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						

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