CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name: Simona Sacco

Title/Position: Full Professor, University of L'Aquila, Director of the Neurology and Stroke Unit, ASL1 Abruzzo, Avezzano-Sulmona-L'Aquila

Institution/Practice: ASL 1 ABRUZZO

Date: 08/06/2026

In the interest of transparency and integrity in clinical practice, research, and education, I hereby disclose any financial relationships or potential conflicts of interest related to my professional activities.

1. HONORARIA & SPEAKING ENGAGEMENTS

If you received honoraria or compensation for lectures, presentations, or advisory roles in the past 24 months, please specify below – *leave blank if non applicable.*

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2. EQUITY INTERESTS & FINANCIAL TIES

If you or a first degree relative or partner have ownership, equity, or other significant financial interest in healthcare-related entities, please specify below – *leave blank if non applicable.*

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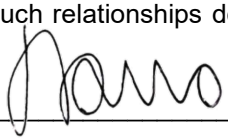
3. OTHER RELEVANT RELATIONSHIPS

Please disclose any other financial or professional affiliations that may be perceived as a conflict of interest:

.....

I affirm that the above information is complete and accurate to the best of my knowledge. I understand that disclosing such relationships does not imply wrongdoing but promotes transparency and ethical practice.

Signature: 

Date: 08/06/2026