

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name: Guillaume TURC _____

Title/Position: Professor of Neurology (PU-PH) & Head of stroke research team

Institution/Practice: Université Paris Cité & GHU Paris Psychiatrie et Neurosciences et Institute of Psychiatry and Neuroscience of Paris (INSERM U1266)

Date: June 8th, 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*.

Guerbet France

AI-Stroke

Neurologica

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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*.

None.....

3. OTHER RELEVANT RELATIONSHIPS

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

None.....

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:

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