Date: Nov. 18th, 2022

Your Name: Mrinalini Bhagawati

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	



Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel X_None X_None X_None	
speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attendingX_None	
manuscript writing or educational events  6 Payment for expert testimony  7 Support for attendingX_None	
educational events  Payment for expert testimony  Support for attendingX_None X_None	
6 Payment for expertX_None	
testimony  7 Support for attendingX_None	
7 Support for attendingX_None	
meetings and/or travel	
8 Patents planned, issued orX_None	
pending	
9 Participation on a DataX_None	
Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleX_None	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsX_None	
11 Stock of stock options	
12 Pageint of autinment V None	
12 Receipt of equipment,X_None	
materials, drugs, medical writing, gifts or other	
services	
13 Other financial or non- financial interests X_None	
infancial interests	
Please summarize the above conflict of interest in the following box:	
ricase sammanze the above connect of interest in the following box.	
None.	
None.	

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

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

Date:17 NOV 2022 Your Name: Sudip Paul

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A

Systematic Review

Manuscript number (if known): CDT-22-438

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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Name all autition with Constitution (Constitution)

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12		V Nana	
13	Other financial or non- financial interests	XNone	
	illianciai interests		

None.	

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

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

S Paul

Date: Nov. 17<sup>th</sup>, 2022

Your Name: Sushant Agarwal

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert	X None				
U	testimony					
	testimon,					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society, committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	XNone				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	one.					

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

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

Sushont Agarwal

Date: Nov. 21<sup>th</sup>, 2022

Your Name: Athanasios Protogeron

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
· ·	testimony		
	,		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
Γ			
None.			

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Athanasios Protogeron, Department of Cardiovascular Prevention & Research Unit Clinic & Laboratory of Pathophysiology, National and Kapodistrian University of Athens, GREECE

Date: Nov. 17<sup>th</sup>, 2022

Your Name: Petros P. Sfikakis

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A

**Systematic Review** 

Manuscript number (if known): CDT-22-438

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		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
40	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests	-	

None.			

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Petros P Sfikakis Rheumatology Unit, National Kapodistrian University of Athens, GREECE

Date:18 November 2022	
Your Name:George D. Kitas	
Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framew	
Systematic Review	ork: A
Manuscript number (if known): CDT-22-438	

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		Time frame: pas	t 36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	

None.		

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

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

G.D. ENTAP (8 POD, 2012

Date: Nov. 17<sup>th</sup>, 2022

Your Name: Dr. N N Khanna

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A

**Systematic Review** 

Manuscript number (if known): CDT-22-438

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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

None.		

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

N N Khanna, MD, Department of Cardiology, Apollo Hospital, New Delhi, India

Date: Nov. 21<sup>th</sup>, 2022 Your Name: Zoltan Ruzsa

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
_		V None	
6	Payment for expert testimony	X_None	
	testimony		
7	Support for attending	X_None	
,	meetings and/or travel	X_None	
	incettings and/or traver		
8	Patents planned, issued or	X None	
	pending		
	F S. Tanaga		
0	Posticio etico e o o Dete	V None	
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X_None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11		X_None	
11	Stock or stock options		
12	Descript of a surject on the	V None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
12	Other financial or non-	X None	
13	financial interests		
	Illiancial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
			9
N	one.		
'			

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

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Zoltan Ruzsa, Semmelweis University, Budapest, HUNGARY.

Date:Nov. 18 <sup>th</sup> , 2022
Your Name:Aditya Sharma
Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review
Manuscript number (if known): CDT-22-438

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
4	consulting rees	X_NONE	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

None.	

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Ady Mane

Date: Nov. 17<sup>th</sup>, 2022 Your Name: Tomaž Omerzu

**Manuscript Title:** 

Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

To On

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	,		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.		

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

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

To On

Date: Nov. 21<sup>th</sup>, 2022 Your Name: Monika Turk

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
_		V None	
6	Payment for expert testimony	X_None	
	testimony		
7	Support for attending	X_None	
,	meetings and/or travel	X_None	
	incettings and/or traver		
8	Patents planned, issued or	X None	
	pending		
	F S. Tanaga		
0	Posticio etico e o o Dete	V None	
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X_None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11		X_None	
11	Stock or stock options		
12	Descript of a surject on the	V None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
12	Other financial or non-	X None	
13	financial interests		
	Illiancial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
			9
N	one.		
'			

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Monika Turk, The Hanse-Wissenschaftskolleg Institute for Advanced Study, Delmenhorst, GERMANY.

Date10th 140vember,2022
Your Name:_Gavino Faa_
Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review
Manuscript number (if known): CDT-22-438

19th November 2022

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	,	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
_			
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

None.		

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

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

I for

Date: November 17 2022

Your Name: GEORGIOS TSOULFAS

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	-X-
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.			

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

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

Date: Nov. 21<sup>th</sup>, 2022 Your Name: John R. Laird

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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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		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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
O	testimony		
	testimony		
7	Support for attending	X_None	
,	meetings and/or travel		
	3. 1. 7. 1. 1.		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	X_None	
13	financial interests		
	Tillaricial interests		
Plea	se summarize the above co	nflict of interest in the follo	wing box:
N	one.		

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

John R. Laird, Cardiology Department, St. Helena Hospital, St. Helena, CA, USA.

Date: Nov. 17<sup>th</sup>, 2022

Your Name: Dr. Vijay Rathore

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A

**Systematic Review** 

Manuscript number (if known): CDT-22-438

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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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	, ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	illialiciai liiterests		
	illianciai iliterests		

None.			

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Vijay Rathore, MD

Date: Nov. 17<sup>th</sup>, 2022 Your Name: Dr. Amer Johri

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A

**Systematic Review** 

Manuscript number (if known): CDT-22-438

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		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	g ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_None	
12	1	X_None	
12	materials, drugs, medical writing, gifts or other	X_None	
	materials, drugs, medical writing, gifts or other services		
	materials, drugs, medical writing, gifts or other services  Other financial or non-		

None.			

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

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Amer Johri, MD

Date:November. 17 <sup>th</sup>	, 2022
Your Name:Klaudija Vis	kovic
Manuscript Title:_ Cardiova	scular/Stroke Risk Stratification in Diabetic Foot Infection
Patients Using Deep Learnin	ng-based Artificial Intelligence: An Investigative
Study	
Manuscript number (if	
known):	

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

	None.				
Please place an "X" next to the following statement to indicate your agreement:					
ſ	Klaudýa Vistionic				

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

Date: Nov. 21th, 2022

Your Name: Manudeep Kalra

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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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	Time frame: Since the initial planning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None				
	Time frame: past 36 months					
2	Grants or contracts from	X_None				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	X_None				
4	Consulting fees	X_None				

5	Payment or honoraria for lectures, presentations,	X_None			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert testimony	X_None			
7	Support for attending meetings and/or travel	X_None			
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	X_None			
	Safety Monitoring Board or				
10	Advisory Board	V Name			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None			
11	Stock or stock options	X_None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None			
	services				
13	Other financial or non-	X_None			
	financial interests				
Please summarize the above conflict of interest in the following box:					
None.					

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

Manudeep Kalra, Department of Radiology, Massachusetts General Hospital, Boston, MA, USA.

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

Date: Nov. 21<sup>th</sup>, 2022

Your Name: Antonella Balestrieri

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
Ü	testimony		
	,		
7	Support for attending meetings and/or travel	X_None	
	-		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	ono		
I IN	one.		

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Antonella Balestrieri, Department of Radiology, Azienda Ospedaliero Universitaria (A.O.U.), Cagliari, ITALY.

Date: Nov. 21<sup>th</sup>, 2022

Your Name: Andrew Nicolaides

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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		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 initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
Ü	testimony		
	,		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	X_None	
	•		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	wing box:
N	one.		

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Andrew Nicolaides, Vascular Screening and Diagnostic Centre, University of Nicosia Medical School, CYPRUS.

Date: Nov. 21<sup>th</sup>, 2022

Your Name: Inder M. Singh

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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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		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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ath <u>e</u> roPoint™	Dr. Inder Singh is on the clinical advisory board of AtheroPoint™, Roseville, CA, USA.
11	Stock or stock options	X None	
	τμ		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests	_	
Plea	se summarize the above co	nflict of interest in the	following box:
l r	eport that I am on the clinic	al advisory board of A	theroPoint™, Roseville, CA, USA.
_			

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Inder M. Singh, Consultant and Collaborator with AtheroPoint™, Roseville, CA, USA.

Date:11/16/22	
Your Name:Seemant Chatury	edi, MD
Manuscript Title:	Cardiovascular Disease/Stroke Risk Stratification in Deep
Learning Framework	A Systematic Review
Manuscript number (if known):_	CDT-22-438

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	se summarize the above co	nflict of interest in the following box:	

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

Date: November 16, 2022

Your Name: Kosmas I. Paraskevas

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
1	Consulting fees	Y None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	,		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X_None	
	materials, drugs, medical	x_rone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.			

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

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

Date: Nov. 16<sup>th</sup>, 2022

Your Name: Mostafa M. Fouda

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	X None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			
	_				

Mostafa Fouda

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or	XNone	
10	Advisory Board  Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Plea	nse summarize the above co	nflict of interest in the follo	owing box:
N	lone.		

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

Mostafa Fouda

Date:	_Feb. 25 <sup>th</sup> , 2021
Your Nam	e:Luca Saba
Manuscrip	ot Title:
Manuscrin	nt number (if known

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fo	ollowing box:
Ple	ease place an "X" next to the	e following statement to i	ndicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

November 17,2022.

Form.

Date: November 16, 2022 Your Name: Jasjit S. Suri

Manuscript Title: Cardiovascular Disease/Stroke Risk Stratification in Deep Learning Framework: A Systematic Review

Manuscript number (if known): CDT-22-438

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	wlong in a of the coord
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel  8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy	
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speakers bureaus, manuscript writing or educational events  6  Payment for expert testimony  7  Support for attending meetings and/or travel  8  Patents planned, issued or pending  9  Participation on a Data Safety Monitoring Board or Advisory Board  10  Leadership or fiduciary role in other board, society,  Manuscript writing or educational events X_None	
manuscript writing or educational events  6  Payment for expert testimony  7  Support for attending meetings and/or travel  8  Patents planned, issued or pending  9  Participation on a Data Safety Monitoring Board or Advisory Board  10  Leadership or fiduciary role in other board, society,  11  AtheroPoint Manual Memory and Safety Monitoring Memory and Safety Memory and Saf	
educational events  6  Payment for expert	
6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society,  1 X_None	
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meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society,  Meetings and/or travel X_None X_None X_None Dr. Jasjit S. Suri is with AtheroPoint™, Roseville, CA focused in the area of Stroke and Cardiovascular Im	
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8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society,  AtheroPoint <sup>TM</sup> Dr. Jasjit S. Suri is with AtheroPoint <sup>TM</sup> , Roseville, CA focused in the area of Stroke and Cardiovascular Im	
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pending  Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society,  AtheroPoint™  Dr. Jasjit S. Suri is with AtheroPoint™, Roseville, CA focused in the area of Stroke and Cardiovascular Im	
9 Participation on a DataX_None	
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society,  Safety Monitoring Board or Advisory Board  Dr. Jasjit S. Suri is with AtheroPoint™, Roseville, CA focused in the area of Stroke and Cardiovascular Im	
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society,  Safety Monitoring Board or Advisory Board  Dr. Jasjit S. Suri is with AtheroPoint™, Roseville, CA focused in the area of Stroke and Cardiovascular Im	ļ
Advisory Board  10 Leadership or fiduciary role in other board, society,  AtheroPoint™  Dr. Jasjit S. Suri is with AtheroPoint™, Roseville, CA focused in the area of Stroke and Cardiovascular Im	
10 Leadership or fiduciary role in other board, society,  AtheroPoint™ Dr. Jasjit S. Suri is with AtheroPoint™, Roseville, CA focused in the area of Stroke and Cardiovascular Im	
in other board, society, focused in the area of Stroke and Cardiovascular Im	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsX_None	
12 Receipt of equipment,X_None	
materials, drugs, medical writing, gifts or other	
services	
13 Other financial or nonX_None	
financial interests	

# Please summarize the above conflict of interest in the following box:

I would like to report that I am with AtheroPoint<sup>™</sup>, Roseville, CA, USA, focused in the area of Stroke and Cardiovascular Imaging.

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

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

Jasjit S. Suri, CEO, AtheroPoint, Roseville, CA, USA