

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gregory 2. Surname (Last Name) Albers 3. Date 07-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Akash Kansagra

5. Manuscript Title
Collateral Impact of Covid-19 on Stroke Evaluation in the United States

6. Manuscript Identifying Number (if you know it)
20-14816

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------|
| Genentech | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PI for TIMELESS study |
| IschemaView | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Co-founder and consultant |
| Medtronic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Janssen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Portola | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Prolong Pharma | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| NuVox | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| Omniox | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| J and J | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |
| Biogen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------|---|
| Automated detection of arterial input function and/or venous output function voxels in medical imaging | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Grant No.: 8837800 Issue Date: 9/16/2014 |

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Albers reports personal fees from Genentech, personal fees from IschemaView, personal fees from Medtronic, personal fees from Janssen, personal fees from Portola, personal fees from Prolong Pharma, personal fees from NuVox, personal fees from Omniox, personal fees from J and J, personal fees from Biogen, outside the submitted work. In addition, Dr. Albers has a patent "Automated detection of arterial input function and/or venous output function voxels in medical imaging" issued.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Manu

2. Surname (Last Name)
Goyal

3. Date
04-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Akash Kansagra

5. Manuscript Title
Collateral Impact of Covid-19 on Stroke Evaluation in the United States

6. Manuscript Identifying Number (if you know it)
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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| IBM Corp. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Equity |
| Shandong Madic Technology Co., Ltd. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Honoraria and travel expenses for attending and speaking at the 2019 Linyi brain PET conference |
| Capital Medical University | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Honoraria and travel expenses for speaking and visiting Xuanwu Hospital |
| Tancheng Talent Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Honoraria and travel expenses for attending and speaking at the 2019 Linyi brain PET conference |

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Dr. Goyal reports other from IBM Corp., personal fees and non-financial support from Shandong Madic Technology Co., Ltd., personal fees and non-financial support from Capital Medical University, personal fees and non-financial support from Tancheng Talent Office, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Hamilton

3. Date
04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Akash Kansagra

5. Manuscript Title
Collateral Impact of Covid-19 on Stroke Evaluation in the United States

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Dr. Hamilton has nothing to disclose.

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Akash

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Kansagra

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04-May-2020

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|------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| Microvention | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Penumbra | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| iSchemaView | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medical advisory board, consulting |
| Medtronic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cost of travel for Medtronic site visit |
| American Society of Neuroradiology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant paid to institution |

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