

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the cnm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) Satoshi Hosoki
Name (2) Satoshi Saito
Name (3) Shuichi Tonomura
Name (4) Hiroyuki Ishiyama
Name (5) Takeshi Yoshimoto
Name (6) Shuhei Ikeda

Print Name

Name (7) Yumi Yamamoto
Name (8) Yorito Hattori
Name (9) Kaori Miwa
Name (10) Robert P. Friedland
Name (11) Jin Nakahara
Name (12) Norihiro Suzuki

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Satoshi Hosoki</u>	Signature <u>Satoshi Hosoki</u>	Date <u>6/19/20</u>
Name (2) <u>Satoshi Saito</u>	Signature _____	Date _____
Name (3) <u>Shuichi Tonomura</u>	Signature _____	Date _____
Name (4) <u>Hiroyuki Ishiyama</u>	Signature <u>Hiroyuki Ishiyama</u>	Date <u>6/19/20</u>
Name (5) <u>Takeshi Yoshimoto</u>	Signature <u>Takeshi Yoshimoto</u>	Date <u>6/19/20</u>
Name (6) <u>Shuhei Ikeda</u>	Signature <u>Shuhei Ikeda</u>	Date <u>6/19/20</u>
Name (7) <u>Hajime Ikenouchi</u>	Signature <u>Hajime Ikenouchi</u>	Date <u>6/19/20</u>
Name (8) <u>Yumi Yamamoto</u>	Signature _____	Date _____
Name (9) <u>Yorito Hattori</u>	Signature <u>Yorito Hattori</u>	Date <u>6/19/20</u>
Name (10) <u>Kaori Miwa</u>	Signature <u>Kaori Miwa</u>	Date <u>6/19/20</u>
Name (11) <u>Robert P. Friedland</u>	Signature _____	Date _____
Name (12) <u>Roxana O. Carare</u>	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029807R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the crm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) Satoshi Hosoki
Name (2) Satoshi Saito
Name (3) Shuichi Tonomura
Name (4) Hiroyuki Ishiyama
Name (5) Takeshi Yoshimoto
Name (6) Shuhei Ikeda

Print Name

Name (7) Yumi Yamamoto
Name (8) Yorito Hattori
Name (9) Kaori Miwa
Name (10) Robert P. Friedland
Name (11) Jin Nakahara
Name (12) Norihiro Suzuki

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Satoshi Hosoki</u>	Signature _____	Date _____
Name (2) <u>Satoshi Saito</u>	Signature <u>Satoshi Saito</u>	Date <u>19/06/2020</u>
Name (3) <u>Shuichi Tonomura</u>	Signature _____	Date _____
Name (4) <u>Hiroyuki Ishiyama</u>	Signature _____	Date _____
Name (5) <u>Takeshi Yoshimoto</u>	Signature _____	Date _____
Name (6) <u>Shuhei Ikeda</u>	Signature _____	Date _____
Name (7) <u>Hajime Ikenouchi</u>	Signature _____	Date _____
Name (8) <u>Yumi Yamamoto</u>	Signature _____	Date _____
Name (9) <u>Yorito Hattori</u>	Signature _____	Date _____
Name (10) <u>Kaori Miwa</u>	Signature _____	Date _____
Name (11) <u>Robert P. Friedland</u>	Signature _____	Date _____
Name (12) <u>Roxana O. Carare</u>	Signature <u>Roxana</u>	Date <u>19/06/2020</u>

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the cnm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) Satoshi Hosoki
Name (2) Satoshi Saito
Name (3) Shuichi Tonomura
Name (4) Hiroyuki Ishiyama
Name (5) Takeshi Yoshimoto
Name (6) Shuhei Ikeda

Print Name

Name (7) Yumi Yamamoto
Name (8) Yorito Hattori
Name (9) Kaori Miwa
Name (10) Robert P. Friedland
Name (11) Jin Nakahara
Name (12) Norihiro Suzuki

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Satoshi Hosoki</u>	Signature _____	Date _____
Name (2) <u>Satoshi Saito</u>	Signature _____	Date _____
Name (3) <u>Shuichi Tonomura</u>	Signature <u>Shuichi Tonomura</u>	Date <u>June /21/2020</u>
Name (4) <u>Hiroyuki Ishiyama</u>	Signature _____	Date _____
Name (5) <u>Takeshi Yoshimoto</u>	Signature _____	Date _____
Name (6) <u>Shuhei Ikeda</u>	Signature _____	Date _____
Name (7) <u>Hajime Ikenouchi</u>	Signature _____	Date _____
Name (8) <u>Yumi Yamamoto</u>	Signature _____	Date _____
Name (9) <u>Yorito Hattori</u>	Signature _____	Date _____
Name (10) <u>Kaori Miwa</u>	Signature _____	Date _____
Name (11) <u>Robert P. Friedland</u>	Signature _____	Date _____
Name (12) <u>Roxana O. Carare</u>	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the cnm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) Satoshi Hosoki
Name (2) Satoshi Saito
Name (3) Shuichi Tonomura
Name (4) Hiroyuki Ishiyama
Name (5) Takeshi Yoshimoto
Name (6) ShuheI Ikeda

Print Name

Name (7) Yumi Yamamoto
Name (8) Yorito Hattori
Name (9) Kaori Miwa
Name (10) Robert P. Friedland
Name (11) Jin Nakahara
Name (12) Norihiro Suzuki

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Satoshi Hosoki</u>	Signature _____	Date _____
Name (2) <u>Satoshi Saito</u>	Signature _____	Date _____
Name (3) <u>Shuichi Tonomura</u>	Signature _____	Date _____
Name (4) <u>Hiroyuki Ishiyama</u>	Signature _____	Date _____
Name (5) <u>Takeshi Yoshimoto</u>	Signature _____	Date _____
Name (6) <u>ShuheI Ikeda</u>	Signature _____	Date _____
Name (7) <u>Hajime Ikenouchi</u>	Signature _____	Date _____
Name (8) <u>Yumi Yamamoto</u>	Signature <u>山本由美</u>	Date <u>June 22nd, 2020</u>
Name (9) <u>Yorito Hattori</u>	Signature _____	Date _____
Name (10) <u>Kaori Miwa</u>	Signature _____	Date _____
Name (11) <u>Robert P. Friedland</u>	Signature _____	Date _____
Name (12) <u>Roxana O. Carare</u>	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the cnm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

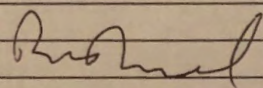
- Name (1) Satoshi Hosoki
- Name (2) Satoshi Saito
- Name (3) Shuichi Tonomura
- Name (4) Hiroyuki Ishiyama
- Name (5) Takeshi Yoshimoto
- Name (6) Shuhei Ikeda

Print Name

- Name (7) Yumi Yamamoto
- Name (8) Yorito Hattori
- Name (9) Kaori Miwa
- Name (10) Robert P. Friedland
- Name (11) Jin Nakahara
- Name (12) Norihiro Suzuki

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Satoshi Hosoki</u>	Signature _____	Date _____
Name (2) <u>Satoshi Saito</u>	Signature _____	Date _____
Name (3) <u>Shuichi Tonomura</u>	Signature _____	Date _____
Name (4) <u>Hiroyuki Ishiyama</u>	Signature _____	Date _____
Name (5) <u>Takeshi Yoshimoto</u>	Signature _____	Date _____
Name (6) <u>Shuhei Ikeda</u>	Signature _____	Date _____
Name (7) <u>Hajime Ikenouchi</u>	Signature _____	Date _____
Name (8) <u>Yumi Yamamoto</u>	Signature _____	Date _____
Name (9) <u>Yorito Hattori</u>	Signature _____	Date _____
Name (10) <u>Kaori Miwa</u>	Signature _____	Date _____
Name (11) <u>Robert P. Friedland</u>	Signature 	Date <u>JUNE 19, 2020</u>
Name (12) <u>Roxana O. Carare</u>	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the cnm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name


Name (1) Masatoshi Koga
Name (2) Kazunori Toyoda
Name (3) Ryota Nomura
Name (4) Kazuhiko Nakano
Name (5) Misa Takegami
Name (6) Masafumi Ihara

Print Name

Name (7) _____
Name (8) _____
Name (9) _____
Name (10) _____
Name (11) _____
Name (12) _____

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Jin Nakahara</u>	Signature <u></u>	Date <u>June. 20. 2020</u>
Name (2) <u>Norihiro Suzuki</u>	Signature _____	Date _____
Name (3) <u>Masatoshi Koga</u>	Signature _____	Date _____
Name (4) <u>Kazunori Toyoda</u>	Signature _____	Date _____
Name (5) <u>Ryota Nomura</u>	Signature _____	Date _____
Name (6) <u>Kazuhiko Nakano</u>	Signature _____	Date _____
Name (7) <u>Misa Takegami</u>	Signature _____	Date _____
Name (8) <u>Masafumi Ihara</u>	Signature _____	Date _____
Name (9) _____	Signature _____	Date _____
Name (10) _____	Signature _____	Date _____
Name (11) _____	Signature _____	Date _____
Name (12) _____	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the cnm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) Masatoshi Koga
Name (2) Kazunori Toyoda
Name (3) Ryota Nomura
Name (4) Kazuhiko Nakano
Name (5) Misa Takegami
Name (6) Masafumi Ihara

Print Name

Name (7) _____
Name (8) _____
Name (9) _____
Name (10) _____
Name (11) _____
Name (12) _____

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Jin Nakahara</u>	Signature _____	Date _____
Name (2) <u>Norihiro Suzuki</u>	Signature <u>Norihiro Suzuki</u>	Date <u>Jan 23, 2020</u>
Name (3) <u>Masatoshi Koga</u>	Signature _____	Date _____
Name (4) <u>Kazunori Toyoda</u>	Signature _____	Date _____
Name (5) <u>Ryota Nomura</u>	Signature _____	Date _____
Name (6) <u>Kazuhiko Nakano</u>	Signature _____	Date _____
Name (7) <u>Misa Takegami</u>	Signature _____	Date _____
Name (8) <u>Masafumi Ihara</u>	Signature _____	Date _____
Name (9) _____	Signature _____	Date _____
Name (10) _____	Signature _____	Date _____
Name (11) _____	Signature _____	Date _____
Name (12) _____	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure).

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the cnm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) Masatoshi Koga
Name (2) Kazunori Toyoda
Name (3) Ryota Nomura
Name (4) Kazuhiko Nakano
Name (5) Misa Takegami
Name (6) Masafumi Ihara

Print Name

Name (7) _____
Name (8) _____
Name (9) _____
Name (10) _____
Name (11) _____
Name (12) _____

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Jin Nakahara</u>	Signature _____	Date _____
Name (2) <u>Norihiro Suzuki</u>	Signature _____	Date _____
Name (3) <u>Masatoshi Koga</u>	Signature <u>M. Koga</u>	Date <u>June 19, 2020</u>
Name (4) <u>Kazunori Toyoda</u>	Signature <u>Kazunori Toyoda</u>	Date <u>June 19, 2020</u>
Name (5) <u>Ryota Nomura</u>	Signature _____	Date _____
Name (6) <u>Kazuhiko Nakano</u>	Signature _____	Date _____
Name (7) <u>Misa Takegami</u>	Signature <u>Misa Takegami</u>	Date <u>June 19, 2020</u>
Name (8) <u>Masafumi Ihara</u>	Signature <u>M. Ihara</u>	Date <u>June 16, 2020</u>
Name (9) _____	Signature _____	Date _____
Name (10) _____	Signature _____	Date _____
Name (11) _____	Signature _____	Date _____
Name (12) _____	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2020/029607R1

Manuscript Title Oral carriage of Streptococcus mutans harboring the crm gene relates to an increased incidence of cerebral microbleeds

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

Name (1) Masatoshi Koga
Name (2) Kazunori Toyoda
Name (3) Ryota Nomura
Name (4) Kazuhiko Nakano
Name (5) Misa Takegami
Name (6) Masafumi Ihara

Print Name

Name (7) _____
Name (8) _____
Name (9) _____
Name (10) _____
Name (11) _____
Name (12) _____

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Jin Nakahara</u>	Signature _____	Date _____
Name (2) <u>Norihiro Suzuki</u>	Signature _____	Date _____
Name (3) <u>Masatoshi Koga</u>	Signature _____	Date _____
Name (4) <u>Kazunori Toyoda</u>	Signature _____	Date _____
Name (5) <u>Ryota Nomura</u>	Signature <u>Ryota Nomura</u>	Date <u>June 19, 2020</u>
Name (6) <u>Kazuhiko Nakano</u>	Signature <u>K. Nakano</u>	Date <u>June 19, 2020</u>
Name (7) <u>Misa Takegami</u>	Signature _____	Date _____
Name (8) <u>Masafumi Ihara</u>	Signature _____	Date _____
Name (9) _____	Signature _____	Date _____
Name (10) _____	Signature _____	Date _____
Name (11) _____	Signature _____	Date _____
Name (12) _____	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.