Date: February 19th 2021 Your Name: Per Kristian Eide Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood Manuscript number (if known): 147063-INS-CMED-TR-2

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)
1	All support for the present manuscript (e.g., funding, provision of study materials,	Department of Neurosurgery, Oslo University Hospital-	
	medical writing, article processing charges, etc.) No time limit for this item.	Rikshospitalet, Oslo, Norway University of Oslo	Blood Gd analysis
		Norwegian Institute for Air Research, Kjeller, Norway Time frame: past	Blood Gd analysis 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	US Patent Pending	US Patent App. 16/577,227, 2020
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10		Х	Board member of BrainWideSolutions AS
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Х	Shareholder in BrainWideSolutions AS
12		Neze	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:_____19/2-2021_____

Your Name: _____Espen Mariussen_____

Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood

Manuscript number (if known): 147063-INS-CMED-TR-2

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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)
	والمعاورة لإيطار المحوز فيعمو وعمو	Time frame: Since the initial	planning of the work
1	All support for the present	x_None	
	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	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

		r	
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	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	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests		
	intancial interests		

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

19/2-21 Espan Mainusson

Date: 19th February 2021

Your Name: Hilde Thelle Uggerud

Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood

Manuscript number (if known): 147063-INS-CMED-TR-2

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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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	_x_None	
	processing charges, etc.) No time limit for this item.		
		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	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	_xNone
	manuscript writing or educational events	
6	Payment for expert testimony	x_None
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	x_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	x_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone
13	Other financial or non- financial interests	_x_None

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

Date:_19 February 2021_____ Your Name:_Are Hugo Pripp______ Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood Manuscript number (if known): 147063-INS-CMED-TR-2

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date: 19.02.21

Your Name: Aslan Lashkarivand

Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood

Manuscript number (if known): 147063-INS-CMED-TR-2

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	_XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time innit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
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	X None	
10	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		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

Date:_20 Feb 2021_

Your Name: Bjørnar Hassel_

Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood

Manuscript number (if known): 147063-INS-CMED-TR-2

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	_X_None	
	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	X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	X None	
/	meetings and/or travel		
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		
11	group, paid or unpaid	V. Nore	
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		

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

Bjører Heyel

Date: February 19th, 2021

Your Name: Hege Christensen

Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood

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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	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
6	testimony	XNone	
	testimony		
7	Support for attending	X None	
ŕ	meetings and/or travel		
8	Patents planned, issued or	X None	
-	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		
11	group, paid or unpaid	V. Neve	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: February 19th, 2021

Your Name: Markus Herberg Hovd

Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood

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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 initial 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	XNone		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
6	testimony	XNone	
	testimony		
7	Support for attending	X None	
ŕ	meetings and/or travel		
8	Patents planned, issued or	X None	
-	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		
11	group, paid or unpaid	V. News	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: February 19th 2021 Your Name: Geir Ringstad Manuscript Title: Clinical application of intrathecal gadobutrol for assessment of cerebrospinal fluid tracer clearance to blood Manuscript number (if known): 147063-INS-CMED-TR-2

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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.	Department of Neurosurgery, Oslo University Hospital- Rikshospitalet, Oslo, Norway University of Oslo Norwegian Institute for Air Research, Kjeller, Norway	Blood Gd analysis Blood Gd analysis		
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			

5	Payment or honoraria for	Bayer AG, Berlin	Received a Speaker Fee
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
Ū	testimony		
7	7 Support for attending meetings and/or travel	None	
8	Patents planned, issued or	US Patent Pending	US Patent App. 16/577,227, 2020
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X	Chairman of BrainWideSolutions AS
10	in other board, society,	<u>х</u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Х	Shareholder in BrainWideSolutions AS
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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