




Acknowledgment Permission Form

Journal Stroke
 Manuscript Number STROKE/2020/030565
 First Author Andrew Demchuk
 Title of Work Hemostatic Efficacy and Anti-FXa Reversal With Andexanet Alfa in Intracranial Hemorrhage: ANNEXA-4 Substudy

Authors must provide written permission/approval from all individuals mentioned by name in the Acknowledgments section of a submitted manuscript. By signing this form, any and all acknowledged persons therefore state that they have read and approved the mention of their names in the Acknowledgment section of the aforementioned paper.

Name (1)	<u>Dr. Fahad Al-Ajlan</u>	Signature <u></u>	Date <u>Jan 24 2021</u>
Name (2)	<u>Dr. Aziz Al-Sultan</u>	Signature _____	Date _____
Name (3)	<u>Ms. Ana Alvarez</u>	Signature _____	Date _____
Name (4)	<u>Dr. Hyun Suk Choi</u>	Signature _____	Date _____
Name (5)	<u>Dr. Henrik Gensicke</u>	Signature _____	Date _____
Name (6)	<u>Ms. MacKenzie Horn</u>	Signature _____	Date _____
Name (7)	<u>Dr. Linda Kasickova</u>	Signature _____	Date _____
Name (8)	<u>Dr. CK Kim</u>	Signature _____	Date _____
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Name (10)	<u>Ms. Anneliese Neweduk</u>	Signature _____	Date _____
Name (11)	<u>Dr. Dongbeom Song</u>	Signature _____	Date _____
Name (12)	<u>Dr. Eric E. Smith</u>	Signature _____	Date _____
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Name (1) _____	Dr. Fahad Al-Ajlan_	Signature _____	Date _____
Name (2) _____	Dr. Abdulaziz Al Sultan	Signature <i>Abdulaziz Al Sultan</i>	Date 4/Sep/2020
Name (3) _____	Ms. Ana Alvarez_	Signature <i>AA</i>	Date _____
Name (4) _____	Dr. Hyun Suk Choi_	Signature _____	Date _____
Name (5) _____	Dr. Henrik Gensicke	Signature _____	Date _____
Name (6) _____	Ms. MacKenzie Horn	Signature _____	Date _____
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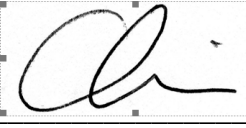
Name (1)	<u>Dr. Fahad Al-Ajlan</u>	Signature _____	Date _____
Name (2)	<u>Dr. Aziz Al-Sultan</u>	Signature _____	Date _____
Name (3)	<u>Ms. Ana Alvarez</u>	Signature <u><i>[Handwritten Signature]</i></u>	Date <u>2020-09-02</u>
Name (4)	<u>Dr. Hyun Suk Choi</u>	Signature _____	Date _____
Name (5)	<u>Dr. Henrik Gensicke</u>	Signature _____	Date _____
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Name (4) _____	Dr. Hyun Seok Choi _____	Signature 	Date 8 Sept 2020
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Name (4)	<u>Dr. Hyun Suk Choi</u>	Signature	_____	Date	_____
Name (5)	<u>Dr. Henrik Gensicke</u>	Signature	<u>[Signature]</u>	Date	<u>11/25/2020</u>
Name (6)	<u>Ms. MacKenzie Horn</u>	Signature	_____	Date	_____
Name (7)	<u>Dr. Linda Kasickova</u>	Signature	_____	Date	_____
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Name (5)	_____ Dr. Henrik Gensicke _____	Signature _____	Date _____
Name (6)	_____ Ms. MacKenzie Horn _____	Signature <u>Mackenzie Horn</u>	Date <u>Sept. 8, 2020</u>
Name (7)	_____ Dr. Linda Kasickova _____	Signature _____	Date _____
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Name (7)	<u>Dr. Linda Kasickova</u>	Signature <u><i>Linda Kasickova</i></u>	Date <u>8.9.2020</u>
Name (8)	<u>Dr. CK Kim</u>	Signature _____	Date _____
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Table with 4 columns: Name, Signature, Date. Rows 1-20. Row 8 contains handwritten signature 'Chil Kim' and date 'Dec-03-2020'.



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Name (8)	<u>Dr. CK Kim</u>	Signature _____	Date _____
Name (9)	<u>Dr. Girish Kulkarni</u>	Signature <u>AKulkarni</u>	Date <u>3-09-2020</u>
Name (10)	<u>Ms. Anneliese Neweduk</u>	Signature _____	Date _____
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Name (9)	<u>Dr. Girish Kulkarni</u>	Signature _____	Date _____
Name (10)	<u>Ms. Anneliese Neweduk</u>	Signature <u><i>Anneweduk</i></u>	Date <u>Nov 24/20</u>
Name (11)	<u>Dr. Dongbeom Song</u>	Signature _____	Date _____
Name (12)	<u>Dr. Eric E. Smith</u>	Signature _____	Date _____
Name (13)	_____	Signature _____	Date _____
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Name (11)	_____ Dr. Dongbeom Song _____	Signature _____	Date _____
Name (12)	_____ Dr. Eric E. Smith _____	Signature <u>Eric Smith</u>	Date <u>Sept 4, 2020</u>
Name (13)	_____	Signature _____	Date _____
Name (14)	_____	Signature _____	Date _____
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Name (1) Kimberly Fuller on behalf of Cello Health Communications_ Signature  Date __1/5/2021

Name (2) _____ Signature _____ Date _____

Name (3) _____ Signature _____ Date _____

Name (4) _____ Signature _____ Date _____

Name (5) _____ Signature _____ Date _____

Name (6) _____ Signature _____ Date _____

Name (7) _____ Signature _____ Date _____

Name (8) _____ Signature _____ Date _____

Name (9) _____ Signature _____ Date _____

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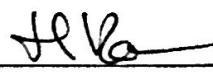
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Name (1) <u>Helene Dassule</u>	Signature <u></u>	Date <u>01/28/01</u>
Name (2) _____	Signature _____	Date _____
Name (3) _____	Signature _____	Date _____
Name (4) _____	Signature _____	Date _____
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