

Christopher Hess

Discloser Identifier: AJNR-23-00495-13411401

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
AskBio Inc	Data And Safety Monitoring	
Category: Data And Safety Monitoring		
Focused Ultrasound Foundation	Data And Safety Monitoring	
Category: Data And Safety Monitoring		
GE Healthcare	Consultant	
Category: Consultant		
Kheiron Medical Technologies Ltd	Consultant	
Category: Consultant		
Siemens Healthineers	Consultant	
Category: Consultant		
uniQure Biopharma B.V.	Data And Safety Monitoring	
Category: Data And Safety Monitoring		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Monoclonal antibodies – what the diagnostic Neuroradiologist needs to know

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. Other Professional Activities - Data And Safety Monitoring AskBio Inc

Neither

b. Other Professional Activities - Data And Safety Monitoring Focused Ultrasound Foundation

Neither

c. **Other Professional Activities - Consultant** GE Healthcare

Neither

d. **Other Professional Activities - Consultant** Kheiron Medical Technologies Ltd

Neither

e. **Other Professional Activities - Consultant** Siemens Healthineers

Neither

f. **Other Professional Activities - Data And Safety Monitoring** uniQure Biopharma B.V.

Neither

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Reema Alsufayan

Discloser Identifier: AJNR-23-00495-55508993

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Queen's University	Other	
Category: Other		

Additional Questions

1. Are you the corresponding author?

Yes.

2. What is the Manuscript Title?

Monoclonal antibodies – what the diagnostic Neuroradiologist needs to know

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. **Other Professional Activities - Other** Queen's University

Neither

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

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No, I have no relevant interests of this type

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

- e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select “Independent Contractor,” and choose “Other”)**

No, I have no relevant interests of this type

- f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

- g. **Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

- h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

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- i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

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- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

- k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

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Certification

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

Discloser Identifier: AJNR-23-00495-43284913

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Johnson & Johnson Health Care Systems Inc.	Consultant	
Category: Consultant		
Medtronic Vascular, Inc.	Consultant	
Category: Consultant		
Penumbra, Inc.	Consultant	
Category: Consultant		
Stryker	Consultant	
Category: Consultant		

Additional Questions

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3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. **Other Professional Activities - Consultant** Johnson & Johnson Health Care Systems Inc.

Neither

b. **Other Professional Activities - Consultant** Medtronic Vascular, Inc.

Neither

c. **Other Professional Activities - Consultant** Penumbra, Inc.

Neither

d. **Other Professional Activities - Consultant** Stryker

Neither

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c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

Yes, as disclosed above

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