

**Discloser Identifier:** AJNR-24-00502-109098334

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

**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.

Discloser Identifier:

AJNR-24-00502-120286993

Disclosure Purpose:

AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
iSchemaView	Consultant	
Category: Consultant		
Medtronic	Consultant	
Category: Consultant		
MicroVention, Inc.	Consultant	
Category: Consultant		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Clinical and Imaging Fused Deep Learning Model Matches Expert Clinician Prediction of 90-Day Stroke Outcomes

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

AJNR-21-01176

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

a. Other Professional Activities - Consultant iSchemaView

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. Other Professional Activities - Consultant Medtronic

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

c. Other Professional Activities - Consultant MicroVention, Inc.

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

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")**

Yes, as disclosed above

**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")**

Yes, as disclosed above

**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")**

Yes, as disclosed above

**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.



**Discloser Identifier:** AJNR-24-00502-120286989

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients.

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

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

You are not disclosing any interests to this organization.

**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.

**Discloser Identifier:** AJNR-24-00502-117684376

**Disclosure Purpose:** AJNR Disclosures

### Summary of Interests

I do not have any interests to disclose at this time.

### Additional Questions

1. Are you the corresponding author?

Yes.

2. What is the Manuscript Title?

IR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

AJNR-24-00502

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

You are not disclosing any interests to this organization.

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.

**Discloser Identifier:** AJNR-24-00502-73748679

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

**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.

Janet Mei

**Discloser Identifier:** AJNR-24-00502-119054650

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

None

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

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

You are not disclosing any interests to this organization.

**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.

<b>Discloser Identifier:</b> AJNR-24-00502-120286987	<b>Disclosure Purpose:</b> AJNR Disclosures
--	---

**Summary of Interests**

I do not have any interests to disclose at this time.

**Additional Questions**

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

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.

Licia Luna

**Discloser Identifier:** AJNR-24-00502-50977930

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

**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.

Discloser

AJNR-24-00502-57402821

Identifier:

Disclosure

AJNR Disclosures

Purpose:

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
American Society of Neuroradiology	Grant / Contract	Yes
Eppdata Gmbh	Consultant	Yes
Category: Consultant		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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 Eppdata Gmbh

Neither

b. Grant / Contract American Society of Neuroradiology

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.

Convey

**Discloser Identifier:** AJNR-24-00502-72323795

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

**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.

Discloser Identifier: AJNR-24-00502-106118729

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
IschemaView (RAPID AI)	Consultant	
Category: Consultant		
MRIOOnline	Consultant	
Category: Consultant		

Additional Questions

1. Are you the corresponding author?

Yes.

2. What is the Manuscript Title?

RAPID Stroke Platform in Detecting LVO and ICH

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 IschemaView (RAPID AI)

Neither

b. Other Professional Activities - Consultant MRIOOnline

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")**

Yes, as disclosed above

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”)**

Yes, as disclosed above

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.



**Discloser Identifier:** AJNR-24-00502-120287355

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

**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.

**Discloser Identifier:** AJNR-24-00502-116500519

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

**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.

**Discloser Identifier:** AJNR-24-00502-120286982

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

**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.

Discloser

AJNR-24-00502-38901237

Identifier:

Disclosure

AJNR Disclosures

Purpose:

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Acandis	Consultant	
Category: Consultant		
Cerenovus	Consultant	
Category: Consultant		
Eppdata	Employment	
Title: Managing Director		
Eppdata	Stock	
Eppdata	Stock	
Medtronic USA, Inc.	Consultant	
Category: Consultant		
MicroVention, Inc.	Consultant	
Category: Consultant		
Penumbra, Inc.	Consultant	
Category: Consultant		
Phenox	Consultant	
Category: Consultant		
Roche	Consultant	
Category: Consultant		
Stryker Corporation	Consultant	
Category: Consultant		
Tegus Medical	Stock	



Entity	Type	Relevant to this Disclosure
TG Medical	Consultant	
Category: Consultant		
Tonbridge	Consultant	Yes
Category: Consultant		
Vastrax	Stock	Yes

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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 Acandis  
Neither
- b. Other Professional Activities - Consultant Cerenovus  
Neither
- c. Other Professional Activities - Consultant Medtronic USA, Inc.  
Neither
- d. Other Professional Activities - Consultant MicroVention, Inc.  
Neither
- e. Other Professional Activities - Consultant Penumbra, Inc.  
Neither
- f. Other Professional Activities - Consultant Phenox  
Neither
- g. Other Professional Activities - Consultant Roche  
Neither
- h. Other Professional Activities - Consultant Stryker Corporation  
Neither
- i. Other Professional Activities - Consultant TG Medical  
Neither
- j. Other Professional Activities - Consultant Tonbridge  
Neither
- k. Employment Eppdata

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**l. Stock Eppdata**

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**m. Stock Eppdata**

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**n. Stock Tegus Medical**

Neither

**o. Stock Vastrax**

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**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

**I. 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.

Discloser

AJNR-24-00502-120287455

Identifier:

Disclosure

AJNR Disclosures

Purpose:

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Genentech	Consultant	Yes
Category: Consultant		
iSchemaView	Consultant	Yes
Category: Consultant		
iSchemaView	Stock	Yes
Stanford University	Employment	Yes
Title: Professor		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients,

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 Genentech

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. Other Professional Activities - Consultant iSchemaView

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

c. Employment Stanford University

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

d. Stock iSchemaView

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

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”)**

Yes, as disclosed above

**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)**

Yes, as disclosed above

**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.



Discloser  
Identifier:

AJNR-24-00502-x1

Disclosure  
Purpose:

AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Subtle Medical, Magnetic Insight, Icometrix	Consultant	
Category: Consultant		
The University of Texas MD Anderson Cancer Center	Employment	
Title: Professor and Chair of Neuroradiology		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

Subtle Medical, Magnetic Insight, Icometrix

Neither

b. Employment

The University of Texas MD Anderson Cancer Center

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

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.



<b>Discloser Identifier:</b> AJNR-24-00502-x2	<b>Disclosure Purpose:</b> AJNR Disclosures
---	---

**Summary of Interests**

I do not have any interests to disclose at this time.

**Additional Questions**

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

HIR < 0.4 Is Associated With Favorable Outcomes in Unsuccessfully Reperfused AIS-LVO Patients

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

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

You are not disclosing any interests to this organization.

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.