

**Discloser Identifier:** AJNR-22-00865-80157637

**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?**

Comparison of cortical and subcortical brain atrophy assessments on NCCT and MRI in acute stroke

**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-22-00865-102441628

**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?**

Comparison of cortical and subcortical brain atrophy assessments on NCCT and MRI in acute stroke

**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-22-00865-81262855

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
Alberta Innovates	Grant / Contract	
Alexion Pharmaceuticals	Other	
<b>Category:</b> Other		
Alzheimer Society of Canada	Grant / Contract	
American Academy of Neurology	Fiduciary Officer	
<b>Official Title:</b> Editorial Board Member for the journals Neurology and Neurology: Clinical Practice		
American Academy of Neurology	Travel	
American Heart Association	Fiduciary Officer	
<b>Official Title:</b> Editorial Board Member for the journal Stroke		
American Heart Association	Travel	
Atheneum	Consultant	
<b>Category:</b> Consultant		
Biogen	Other	
<b>Category:</b> Other		
Campus Alberta Neuroscience	Grant / Contract	
Canadian Association of Neuroscience Nurses	Consultant	
<b>Category:</b> Consultant		
Canadian Cardiovascular Society	Grant / Contract	
Canadian Institutes of Health Research	Grant / Contract	
Collavidence Inc	Stock	
Creative Research Designs	Consultant	
<b>Category:</b> Consultant		
CTC Communications Corporation	Consultant	

Entity	Type	Relevant to this Disclosure
<b>Category:</b> Consultant		
DeepBench	Consultant	
<b>Category:</b> Consultant		
Figure1	Consultant	
<b>Category:</b> Consultant		
Frontiers in Neurology	Fiduciary Officer	
<b>Official Title:</b> Review Editor for Stroke		
Government of Canada	Grant / Contract	
Heart and Stroke Foundation of Canada	Grant / Contract	
MD Analytics	Consultant	
<b>Category:</b> Consultant		
MicroVention, Inc.	Grant / Contract	
MyMedicalPanel	Consultant	
<b>Category:</b> Consultant		
Panmure House	Grant / Contract	
Rhodes Scholarships	Grant / Contract	
SnapDx Inc.	Stock Option	
Sunnybrook Research Institute	Grant / Contract	
TheRounds.com	Stock Option	
University of Calgary	Travel	
Wellcome Trust	Grant / Contract	

## Additional Questions

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

No.

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

Comparison of cortical and subcortical brain atrophy assessments on NCCT and MRI in acute stroke

**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** Alexion Pharmaceuticals

Neither

b. **Other Professional Activities - Consultant** Atheneum

Neither

c. **Other Professional Activities - Other** Biogen

Neither

d. **Other Professional Activities - Consultant** Canadian Association of Neuroscience Nurses

Neither

e. **Other Professional Activities - Consultant** Creative Research Designs

Neither

f. **Other Professional Activities - Consultant** CTC Communications Corporation

Neither

g. **Other Professional Activities - Consultant** DeepBench

Neither

h. **Other Professional Activities - Consultant** Figure1

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

i. **Other Professional Activities - Consultant** MD Analytics

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

j. **Other Professional Activities - Consultant** MyMedicalPanel

Neither

k. **Fiduciary Officer** American Academy of Neurology

Neither

l. **Fiduciary Officer** American Heart Association

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

m. **Fiduciary Officer** Frontiers in Neurology

Neither

n. **Grant / Contract** Alberta Innovates

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

o. **Grant / Contract** Alzheimer Society of Canada

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

p. **Grant / Contract** Campus Alberta Neuroscience

Neither

q. **Grant / Contract** Canadian Cardiovascular Society

Neither

r. **Grant / Contract** Canadian Institutes of Health Research

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

s. **Grant / Contract** Government of Canada

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

t. **Grant / Contract** Heart and Stroke Foundation of Canada

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

u. **Grant / Contract** MicroVention, Inc.

Neither

v. **Grant / Contract** Panmure House

Neither

w. **Grant / Contract** Rhodes Scholarships

Neither

x. **Grant / Contract** Sunnybrook Research Institute

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

y. **Grant / Contract** Wellcome Trust

Neither

z. **Stock** Collavidence Inc

Neither

aa. **Stock Option** SnapDx Inc.

Neither

ab. **Stock Option** TheRounds.com

Neither

ac. **Travel** American Academy of Neurology

Neither

ad. **Travel** American Heart Association

Neither

ae. **Travel** University of Calgary

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")**

Yes, as disclosed above

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")**

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-22-00865-90435166

**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?**

Proximal region of carotid atherosclerotic plaque shows more intraplaque hemorrhage: the Plaque At RISK (PARISK) study

**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-22-00865-23358433

Disclosure Purpose: AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
Johnson & Johnson Health Care Systems Inc.	Grant / Contract	
Medtronic	Grant / Contract	
Medtronic	Consultant	
<b>Category:</b> Consultant		
Mentice	Consultant	
<b>Category:</b> Consultant		
MicroVention, Inc.	Consultant	
<b>Category:</b> Consultant		
Stryker	Consultant	
<b>Category:</b> Consultant		

## Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Non-contrast CT ASPECTS: The effect of reading environment, reader-level and background information on scoring

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 Medtronic

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

b. Other Professional Activities - Consultant Mentice

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

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

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

**e. Grant / Contract Johnson & Johnson Health Care Systems Inc.**

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

**f. Grant / Contract Medtronic**

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

**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-22-00865-80796130

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
NoNO Inc.	Employment	
Title: President and CEO		
NoNO Inc.	Stock	
NoNO Inc.	Stock Option	

## Additional Questions

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

No.

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

Comparison of cortical and subcortical brain atrophy assessments on NCCT and MRI in acute stroke

**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. **Employment** NoNO Inc.

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

b. **Stock** NoNO Inc.

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

c. **Stock Option** NoNO 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")**

Yes, as disclosed above

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)**

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.



Michael Hill

Discloser Identifier: AJNR-22-00865-2143166

Disclosure Purpose: AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
Biogen, Inc.	Grant / Contract	
Boehringer Ingelheim	Grant / Contract	
Brainsgate Ltd	Consultant	
<b>Category:</b> Consultant		
Calgary Scientific Inc	Stock	
Canadian Institutes of Health Research	Grant / Contract	
Medtronic	Grant / Contract	
Medtronic	Grant / Contract	
Merck	End Point Review Committee	
<b>Category:</b> End Point Review Committee		
NoNO Inc	Grant / Contract	
Stryker Corporation	Grant / Contract	
University of Calgary.	Employment	
<b>Title:</b> Professor		

## Additional Questions

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

No.

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

Comparison of cortical and subcortical brain atrophy assessments on NCCT and MRI in acute stroke

**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** Brainsgate Ltd

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

**b. Other Professional Activities - End Point Review Committee Merck**

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

**c. Employment University of Calgary.**

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**e. Grant / Contract Boehringer Ingelheim**

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**f. Grant / Contract Canadian Institutes of Health Research**

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**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.**

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**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.**

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No, I have no relevant interests of this type

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

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**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")**

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

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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-22-00865-56277053

**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?**

Comparison of cortical and subcortical brain atrophy assessments on NCCT and MRI in acute stroke

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

AJNR-22-00865

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

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**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.**

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**Discloser Identifier:** AJNR-22-00865-69807341

**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?**

Prevalence Of Intracranial Atherosclerotic Disease In Patients With Low-Risk Transient Or Persistent Neurological Events

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