

ICMJE DISCLOSURE FORM

Date: 2/3/2022

Your Name: Joshua A. Hirsch

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							Click the tab key to add additional rows.
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;">Neiman Health Policy Institute</td><td style="width: 50%;">To institution</td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>	Neiman Health Policy Institute	To institution					
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Medtronic	Interventional Spine personally
		Persica	Personally
		Spine Biopharma	Personally
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		BALT	Chair: STEM study
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Past President ASNR	
		Deputy Editor JNIS	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 2/27/2022

Your Name: Robert W. Regenhardt

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: February 28, 2022

Your Name: Mayank Goyal

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): unknown

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None											

28/26/2021CMJE Disclosure Form

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	other board, society, committee or advocacy group, paid or unpaid								
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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Adam Dmytriw

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: 2/27/2022

Your Name: Aravind Ganesh

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): unknown

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;">Canadian Institutes of Health Research</td><td>Payment to institution</td></tr> <tr><td>Canadian Cardiovascular Society</td><td>Payment to institution</td></tr> <tr><td>Alberta Innovates</td><td>Payment to institution</td></tr> <tr><td>Campus Alberta Neuroscience</td><td>Payment to institution</td></tr> <tr><td>Sunnybrook Research Institute INOVAIT</td><td>Payment to institution</td></tr> </table>	Canadian Institutes of Health Research	Payment to institution	Canadian Cardiovascular Society	Payment to institution	Alberta Innovates	Payment to institution	Campus Alberta Neuroscience	Payment to institution	Sunnybrook Research Institute INOVAIT	Payment to institution
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4	Consulting fees	<input type="checkbox"/> None	
		MD Analytics	Payment to myself
		MyMedicalPanel	Payment to myself
		Figure 1	Payment to myself
		CTC Communications Corp	Payment to myself
		Atheneum	Payment to myself
		DeepBench	Payment to myself
		Research on Mind	Payment to myself
		Creative Research Designs	Payment to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Figure 1	Payment to myself
		Alexion	Payment to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		American Academy of Neurology	Payment to myself
		Association of Indian Neurologists in America	Payment to myself
		American Heart Association	Payment to myself
		University of Calgary	Payment to myself
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		US 17/317,771	Patent filed for a system for patient monitoring and delivery of remote ischemic conditioning or other cuff-based therapies
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or	<input type="checkbox"/> None	
		Neurology: Clinical Practice	Member of editorial board
		Neurology	Member of editorial board
		Stroke	Member of editorial board

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
	advocacy group, paid or unpaid	Frontiers in Neurology	Member of editorial board						
11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>SnapDx</td> <td>Patient monitoring and decision support technology</td> </tr> <tr> <td>Advanced Health Analytics (AHA Health Ltd)</td> <td>Patient monitoring</td> </tr> <tr> <td>TheRounds.com</td> <td>Physician social network</td> </tr> </table>	SnapDx	Patient monitoring and decision support technology	Advanced Health Analytics (AHA Health Ltd)	Patient monitoring	TheRounds.com	Physician social network	
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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Martin W. Kurz

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): unknown

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Johanna Ospel

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): unknown

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Aman B. Patel

Manuscript Title: Recent Developments in Pre-Hospital and In-Hospital Triage for Endovascular Stroke Treatment

Manuscript Number (if known): unknown

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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