

ICMJE DISCLOSURE FORM

Date: 11/3/2022

Your Name: Yachen Ji

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

Manuscript Number (if known): jnis-2022-019566

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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Date: 11/3/2022

Your Name: Zhiming Zhou

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

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Date: 11/3/2022

Your Name: Bin Shi

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

Manuscript Number (if known): jnis-2022-019566

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Your Name: Quan Yuan

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Your Name: Kangfei Wu

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ICMJE DISCLOSURE FORM

Date: 11/3/2022

Your Name: Jia Fang

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

Manuscript Number (if known): jnis-2022-019566

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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ICMJE DISCLOSURE FORM

Date: 11/3/2022

Your Name: Hao Wang

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

Manuscript Number (if known): jnis-2022-019566

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ICMJE DISCLOSURE FORM

Date: 11/3/2022

Your Name: Zhuang Miao

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

Manuscript Number (if known): jnis-2022-019566

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ICMJE DISCLOSURE FORM

Date: 11/3/2022

Your Name: Yi Sun

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

Manuscript Number (if known): jnis-2022-019566

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

ICMJE DISCLOSURE FORM

Date: 11/3/2022

Your Name: Xianjun Huang

Manuscript Title: Effect of prolonged microcirculation time after thrombectomy on the outcome of acute stroke

Manuscript Number (if known): jnis-2022-019566

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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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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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