

### ICMJE DISCLOSURE FORM

**Date:** 11/16/2021

**Your Name:** Marco Colasurdo

**Manuscript Title:** Machine Learning and Acute Stroke Imaging

**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.

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**Date:** 11/16/2021

**Your Name:** Luca Giancardo

**Manuscript Title:** Machine Learning and Acute Stroke Imaging

**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.

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**Your Name:** Peter Kan

**Manuscript Title:** Machine Learning and Acute Stroke Imaging

**Manuscript Number (if known):** Click or tap here to enter text.

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4	Consulting fees	<input type="checkbox"/> None	
		Stryker Neurovascular	Unrelated
		Imperative Care	Unrelated
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	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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		Currently on Editorial board of JNIS	



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**Date:** 11/17/2021

**Your Name:** Arash Niktabe

**Manuscript Title:** Machine Learning in Acute Neuroimaging

**Manuscript Number (if known):** Click or tap here to enter text.

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**Date:** 11/16/2021

**Your Name:** Sunil Sheth

**Manuscript Title:** Machine Learning and Acute Stroke Imaging

**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)						
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## ICMJE DISCLOSURE FORM

**Date:** 11/16/2021

**Your Name:** Visish M Srinivasan

**Manuscript Title:** Machine Learning and Neuroimaging

**Manuscript Number (if known):** Click or tap here to enter text.

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