

ICMJE DISCLOSURE FORM

Date: 11/30/2021

Your Name: Fred van Nijnatten

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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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ICMJE DISCLOSURE FORM

Date: 12/10/2021

Your Name: Nicole M. Cancelliere

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 12/7/2021

Your Name: Patrick Nicholson

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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

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ICMJE DISCLOSURE FORM

Date: 11/30/2021

Your Name: Peter van de Haar

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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

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Date: 12/7/2021

Your Name: Vitor Mendes Pereira

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 11/29/2021

Your Name: Bertan Hallacoglu

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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.

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ICMJE DISCLOSURE FORM

Date: 11/30/2021

Your Name: Erik Hummel

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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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ICMJE DISCLOSURE FORM

Date: 11/30/2021

Your Name: Marijke van Vlimmeren

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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

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ICMJE DISCLOSURE FORM

Date: 11/30/2021

Your Name: Paul Withagen

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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

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ICMJE DISCLOSURE FORM

Date: 12/10/2021

Your Name: Ronit Agid

Manuscript Title: The Butterfly Effect: Improving Brain Cone-beam CT Image Artifacts for Stroke Assessment Using a Novel Dual-Axis Trajectory

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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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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Philips Healthcare</td> <td style="width: 50%;">Support provided through Master Research Agreement between Philips and Toronto Western Hospital</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Philips Healthcare	Support provided through Master Research Agreement between Philips and Toronto Western Hospital			<small>Click the tab key to add additional rows.</small>		
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