

ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Yongwei Zhang

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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: Lei Zhang

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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Date: 4/9/2022

Your Name: Zifu Li

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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Your Name: Pengfei Xing

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Your Name: Huaizhang Shi

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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Hongxing Han

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Shouchun Wang

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Qi Fang

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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Date: 4/9/2022

Your Name: Jianmin Liu

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Manuscript Number (if known): neurintsurg-2022-019021

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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Xiaowei Hu

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Yu Zhou

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Manuscript Number (if known): neurintsurg-2022-019021

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Date: 4/9/2022

Your Name: Johanna Ospel

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		As a consultant for NICOLab (unrelated to the manuscript).	
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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Feirong Yao

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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Yizhi Liu

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Hui Wang

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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Date: 4/9/2022

Your Name: Bo Li

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Manuscript Number (if known): neurintsurg-2022-019021

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Date: 4/9/2022

Your Name: Pinjing Hui

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

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ICMJE DISCLOSURE FORM

Date: 4/9/2022

Your Name: Pengfei Yang

Manuscript Title: Intracranial Hemorrhage in Large Vessel Occlusion Patients Receiving Endovascular Thrombectomy With or Without Intravenous Alteplase: A Secondary Analysis of the DIRECT-MT Trial

Manuscript Number (if known): neurintsurg-2022-019021

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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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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7	Support for attending meetings and/or travel	<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>							
8	Patents planned, issued or pending	<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>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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