Date:	2/18/2022		
Your Name:	Bo Norrving		
Manuscript Title:	Endovascular thrombectomy for anterior circulation stroke beyond 6 hours of onset in Sweden 2015–2020		
Manuscript Number (if known):	2022-018670.R1		

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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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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		e all entities with whom you have this ionship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
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		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Astra Zeneca: DSMB in THALES trial	Paid to me
10	Leadership or fiduciary role in other board,	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/23/2022	
Your Name:	Fabian Arnberg	
Manuscript Title:	Survival and functional outcome following endovascular thrombectomy for anterior circulation acute ischemic stroke caused by large vessel occlusion in Sweden 2017–2019	
Manuscript Number (if known):	2022-018670.R1	

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3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Stryker Corporation	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	_ 2/23/2022
Your Name:	Mia von Euler
Manuscript Title:	Endovascular thrombectomy for anterior circulation stroke beyond 6 hours of onset in Sweden 2015–2020
Manuscript Number (if known):	2022-018670.R1

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	□ None	

			tities with whom you have this or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid	quality regi member of Swedish So Medicine S ForskaSver	mmittee member of the national sters Riksstroke and EVAS. Board the Swedish Stroketeam Society, the ciety for Medical Research, Genomic weden, Biobank Sweden, and ige. Also, on the National research ommittee for Clinical therapy Research.	All unpaid except for the Committee for Clinical Therapy Research where I receive a smaller payment	
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	⊠ None			
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: □ I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

ate: 2/18/2022	
Your Name:	Tommy Andersson
Manuscript Title:	Endovascular thrombectomy for anterior circulation stroke
	beyond 6 hours of onset in Sweden 2015–2020
Manuscript Number (if known):	2022-018670.R1

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		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)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
		Anaconda	personal
		Cerenovus - Neuravi	personal
		Stryker	institution
5	Payment or honoraria for	☐ None	
	lectures,	Anaconda	personal
	presentations, speakers	Cerenovus - Neuravi	personal
	bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	⊠ None	
	meetings and/or		
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring Board or	Excellent registry	personal
	Advisory Board	SPERO study SOLONDA study	personal personal
			personal
10	Leadership or fiduciary role in	⊠ None	
	other 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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	□ None	
		Rapid Medical Ceroflo	personal personal
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None Non	
Plea ⊠	•	t to the following statement to indicate your agreeme	

Date:	2/18/2022
Your Name:	Teresa Ullberg
Manuscript Title:	Endovascular thrombectomy for anterior circulation stroke beyond 6 hours of onset in Sweden 2015–2020
Manuscript Number (if known):	2022-018670.R1

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	this item.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	Astra Zeneca	Paid honorar for 4 hours
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None Non	

			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/23/2022	
Your Name:	Johan Wasselius	
Manuscript Title:	Endovascular thrombectomy for anterior circulation stroke beyond 6 hours of onset in Sweden 2015–2020	
Manuscript Number (if known):	2022-018670.R1	

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		Time frame: Since the initial planning	g of the work
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision		
	of study materials,		Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 mon	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None Crafoord foundation Skåne University Hospital, Region Skåne	#20180610 YF-ALF 43435

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	Stroke Detection Sensor Symmetrical Gesture Patent Application	patent pending patent pending
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None ■	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	□ None	
		Uman Sense AB	Founding partner and shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	None ■	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		