ICMJE DISCLOSURE FORM

Date: 2022/09/09

Your Name: Li-hong Zhang

Manuscript Title: Quantitative chemical exchange saturation transfer (CEST) MRI of transient ischemia using a combination of a 5-pool Lorentzian fitting and an inverse Z-spectrum

Manuscript number (if known): QIMS-22-420-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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		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)
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.**	X None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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There is no conflict of interest for me.

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. X

ICMJE DISCLOSURE FORM

Date: 2022/09/09

Your Name: Chong-xin Xu

Manuscript Title: Quantitative chemical exchange saturation transfer (CEST) MRI of transient ischemia using a combination of a 5-pool Lorentzian fitting and an inverse Z-spectrum

Manuscript number (if known): QIMS-22-420-R1

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ICMJE DISCLOSURE FORM

Date:__2022/09/09_____
Your Name:____Zhen Li _____
Manuscript Title: Quantitative chemical exchange saturation transfer (CEST) MRI of transient ischemia using a combination of a 5-pool Lorentzian fitting and an inverse Z-spectrum
Manuscript number (if known):__QIMS-22-420-R1_____

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ICMJE DISCLOSURE FORM

Date: 2022/09/09

Your Name: Jun-ding Sun

Manuscript Title: Quantitative chemical exchange saturation transfer (CEST) MRI of transient ischemia using a combination of a 5-pool Lorentzian fitting and an inverse Z-spectrum

Manuscript number (if known): QIMS-22-420-R1

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ICMJE DISCLOSURE FORM

Date:__2022/09/09_____
Your Name:___Xiao-Li Wang_____
Manuscript Title: Quantitative chemical exchange saturation transfer (CEST) MRI of transient ischemia using a combination of a 5-pool Lorentzian fitting and an inverse Z-spectrum
Manuscript number (if known):__QIMS-22-420-R1_____

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ICMJE DISCLOSURE FORM

Date: 2022/09/09

Your Name: Bei-bei Hou

Manuscript Title: Quantitative chemical exchange saturation transfer (CEST) MRI of transient ischemia using a combination of a 5-pool Lorentzian fitting and an inverse Z-spectrum

Manuscript number (if known): QIMS-22-420-R1

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ICMJE DISCLOSURE FORM

Date: 2022/09/09

Your Name: Ying-cheng Zhao

Manuscript Title: Quantitative chemical exchange saturation transfer (CEST) MRI of transient ischemia using a combination of a 5-pool Lorentzian fitting and an inverse Z-spectrum

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