

## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2023

Your Name: QI Wang

Manuscript Title: The correlation between cerebral stroke onset time and synthetic T2 mapping is affected by cerebral blood perfusion: a pilot study

Manuscript number (if known): QIMS-22-991

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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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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.

## ICMJE DISCLOSURE FORM

Date:     Feb. 25<sup>th</sup>, 2023    

Your Name:     Fei Bie    

Manuscript Title: The correlation between cerebral stroke onset time and synthetic T2 mapping is affected by cerebral blood perfusion: a pilot study

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## ICMJE DISCLOSURE FORM

Date:     MAR. 31<sup>th</sup>, 2023    

Your Name:   Tao Lu  

Manuscript Title: The correlation between cerebral stroke onset time and synthetic T2 mapping is affected by cerebral blood perfusion: a pilot study

Manuscript number (if known):     QIMS-22-991    

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## ICMJE DISCLOSURE FORM

Date:     MAR. 31<sup>th</sup>, 2023    

Your Name:     Xulian Sun    

Manuscript Title: The correlation between cerebral stroke onset time and synthetic T2 mapping is affected by cerebral blood perfusion: a pilot study

Manuscript number (if known):     QIMS-22-991    

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## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2023

Your Name: Qiang Sun

Manuscript Title: The correlation between cerebral stroke onset time and synthetic T2 mapping is affected by cerebral blood perfusion: a pilot study

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Date:     Feb. 25<sup>th</sup>, 2023    

Your Name:     Gang Wang    

Manuscript Title: The correlation between cerebral stroke onset time and synthetic T2 mapping is affected by cerebral blood perfusion: a pilot study

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## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2023

Your Name: Peiling Li

Manuscript Title: The correlation between cerebral stroke onset time and synthetic T2 mapping is affected by cerebral blood perfusion: a pilot study

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