

ICMJE DISCLOSURE FORM

Date: 2023-08-06

Your Name: Lee Sze Foo

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

Manuscript number (if known): QIMS-23-510-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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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)
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	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 2023-08-06

Your Name: James Larkin

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

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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.	Cancer Research UK	JRL was funded in part by Cancer Research UK (grant number C5255/A15935)
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 checked="" type="checkbox"/> 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	
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	Patent on ASL methodology	"Methods and systems of multiphase arterial spin labeling". M Chappell, M Craig, J Larkin, M Simard US Patent 11,532,107
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

The author is an inventor on a patent related to ASL methodology and received some funding from Cancer Research UK.

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: 2023-08-06

Your Name: Brad A. Sutherland

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

Manuscript number (if known): QIMS-23-510-R1

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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.	National Health and Medical Research Council of Australia (APP1137776)	BAS was supported by the National Health and Medical Research Council of Australia (APP1137776).
		Wellcome Trust Institutional Strategic Support Fund	BAS received a Wellcome Trust Institutional Strategic Support Fund grant.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	

3	Royalties or licenses	<input checked="" type="checkbox"/> 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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

The author received some funding from National Health and Medical Research Council of Australia and Wellcome Trust Institutional Strategic Support Fund.

Please place an "X" next to the following statement to indicate your agreement:

X 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: 2023-08-06

Your Name: Kevin J Ray

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

Manuscript number (if known): QIMS-23-510-R1

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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.	Medical Research Council	KJR received Medical Research Council studentship [(MC_ST_U13080, MR/K501256/1)].
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 checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

The author received studentships from the Medical Research Council [(MC_ST_U13080, MR/K501256/1)].

Please place an "X" next to the following statement to indicate your agreement:

X 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: 2023-08-06

Your Name: Wun-She Yap

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

Manuscript number (if known): QIMS-23-510-R1

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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	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2023-08-06

Your Name: Choon-Hian Goh

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 2023-08-06

Your Name: Yan Chai Hum

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

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ICMJE DISCLOSURE FORM

Date: 2023-08-06

Your Name: Khin Wee Lai

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

Manuscript number (if known): QIMS-23-510-R1

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Time frame: past 36 months			
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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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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None

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ICMJE DISCLOSURE FORM

Date: 2023-08-06

Your Name: George Harston

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

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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	<input checked="" type="checkbox"/> None	
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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	
11	Stock or stock options	Brainomix Ltd, UK	GH is part time employed by and has stock options with Brainomix Ltd, UK
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:

The author is part time employed by and has stock options with Brainomix Ltd, UK.

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: 2023-08-06

Your Name: Yee Kai Tee

Manuscript Title: Investigation of Relayed Nuclear Overhauser Enhancement Effect at -1.6 ppm in an Ischemic Stroke Model

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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.	Ministry of Higher Education Malaysia	YKT received funding from Ministry of Higher Education Malaysia under the Fundamental Research Grant Scheme (FRGS/1/2021/ICT02/UTAR/02/2)
		National Cancer Council Malaysia	YKT received funding from National Cancer Council Malaysia for Cancer Research Award 2018 [4363/T01]
		UTAR	YKT received funding from his university, UTAR Research Fund (IPSR/RMC/UTARRF/2020-C1/T02).
		NVIDIA Corporation	YKT received a Quadro P6000 GPU from NVIDIA Corporation.
Time frame: past 36 months			
2		<u> </u> X <u> </u> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

The author received support/funding from Ministry of Higher Education Malaysia, National Cancer Council Malaysia, UTAR and NVIDIA Corporation.

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.