Date:	Apr.18",2023
Your Name:	Limin Lei
Manuscript Title:_	_The value of deep learning image reconstruction algorithm in whole brain CT perfusion in patients with
acute ischemic stro	oke
Manuscript numbe	er (if known):QIMS-23-547

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
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.	Time frame: Since the initial XNone	pranning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNoneXNone	36 months
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
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	
	ease summarize the above o	onflict of interest in the	following box:

Date:	Apr.18 th ,2023
Your Name:	Yuhan Zhou
Manuscript Title:_	_The value of deep learning image reconstruction algorithm in whole brain CT perfusion in patients wit
acute ischemic str	oke
Manuscript numb	er (if known): QIMS-23-547
related to the con parties whose into	transparency, we ask you to disclose all relationships/activities/interests listed below that are tent of your manuscript. "Related" means any relation with for-profit or not-for-profit third erests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a

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

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	XNone	
		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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
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	
	ease summarize the above o	onflict of interest in the	following box:

Date:	Apr.18 th ,2023
Your Name:	Xiaoxu Guo
Manuscript Title:_	_The value of deep learning image reconstruction algorithm in whole brain CT perfusion in patients with
acute ischemic stro	oke
Manuscript number	er (if known): QIMS-23-547
related to the con- parties whose inte	ransparency, we ask you to disclose all relationships/activities/interests listed below that are tent of your manuscript. "Related" means any relation with for-profit or not-for-profit third rests may be affected by the content of the manuscript. Disclosure represents a commitment ad does not necessarily indicate a bias. If you are in doubt about whether to list a

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

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
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	
	ease summarize the above o	onflict of interest in the	following box:

Da	te:Apr.18 th ,202	23		
Yo	ur Name:Luotong Wa	ang		
Ma	anuscript Title:The value o	of deep learning image rec	onstruction algorithm in whole brain CT perfusion in patier	nts with
	ute ischemic stroke			
Ma	anuscript number (if known)): QIMS-23	-547	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertaine all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iter	e
		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)	
	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.	Time frame: Since the initialXNone		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pasXNone	t 36 months	

Royalties or licenses

Consulting fees

4

_X__None

X__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-		An employee of GE Healthcare
	financial interests		
	ease summarize the above o		ollowing box:

	161132 21362636112 1 0 11111
Date:	Apr.18 th ,2023
Your Name:X	iitong Zhao
Manuscript Title:	The value of deep learning image reconstruction algorithm in whole brain CT perfusion in patients with
acute ischemic strok	e
Manuscript number	(if known): QIMS-23-547
related to the conte parties whose interes to transparency and	nsparency, we ask you to disclose all relationships/activities/interests listed below that are nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a preferable that you do so.
The following questi manuscript only.	ions apply to the author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiology	nships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains of hypertension, you should declare all relationships with manufacturers of antihypertensive that medication is not mentioned in the manuscript.
	port all support for the work reported in this manuscript without time limit. For all other items, lisclosure 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,	XNone	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	Apr.18 th ,2023
Your Name:	Hui Wang
Manuscript Title:_	The value of deep learning image reconstruction algorithm in whole brain CT perfusion in patients with
acute ischemic stro	ke
Manuscript number	er (if known): QIMS-23-547
related to the cont parties whose inte to transparency an	ransparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third rests may be affected by the content of the manuscript. Disclosure represents a commitment d does not necessarily indicate a bias. If you are in doubt about whether to list a ty/interest, it is preferable that you do so.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Da	te:Apr.18 th ,20)23		
Yo	ur Name:Jinping Ma	l		
Ma	anuscript Title:The value	of deep learning image reco	onstruction algorithm in whole brain CT perfusion in patients w	<u>vith</u>
acı	ute ischemic stroke			
Ma	anuscript number (if knowr	n): QIMS-23-547_		
In	the interest of transparenc	y, we ask you to disclose al	l relationships/activities/interests listed below that are	
			ans any relation with for-profit or not-for-profit third	
pa	rties whose interests may l	pe affected by the content of	of the manuscript. Disclosure represents a commitment	
	•	-	If you are in doubt about whether to list a	
rel	ationship/activity/interest	, it is preferable that you do) SO.	
<u>ma</u>	anuscript only.		ips/activities/interests as they relate to the current	
to	the epidemiology of hyper		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all si	upport for the work reporte	ed in this manuscript without time limit. For all other items,	
the	e time frame for disclosure	is the past 36 months.		
the	· · · · · · · · · · · · · · · · · · ·	is the past 36 months. Name all entities with	Specifications/Comments	
the	· · · · · · · · · · · · · · · · · · ·		Specifications/Comments (e.g., if payments were made to you or to your	
the	· · · · · · · · · · · · · · · · · · ·	Name all entities with whom you have this relationship or indicate		
the	· · · · · · · · · · · · · · · · · · ·	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your	
the	· · · · · · · · · · · · · · · · · · ·	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
the	e time frame for disclosure	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
the	e time frame for disclosure All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone	(e.g., if payments were made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	(e.g., if payments were made to you or to your institution) I planning of the work	
the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	(e.g., if payments were made to you or to your institution) I planning of the work	
11	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	(e.g., if payments were made to you or to your institution) I 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	(e.g., if payments were made to you or to your institution) I planning of the work	
11	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	(e.g., if payments were made to you or to your institution) I planning of the work	

Consulting fees

Payment or honoraria for

X__None

X__None

4

5

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
	pending		
	Fe.149		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	_		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests	X14611C	
	illianciai iliterests		
Ple	ease summarize the above c	onflict of interest in the f	following box:
	None.		

Date:	Apr.18 th ,2023			
Your Name:	Songwei Yue			
Manuscript Title:	The value of deep lear	ning image reconstruction al	lgorithm in whole brain CT perfusion in patients w	ith
acute ischemic stro	ke			
Manuscript number	er (if known):	QIMS-23-547		
related to the cont parties whose inte to transparency an	ent of your manuscript rests may be affected b	"Related" means any relat by the content of the manus indicate a bias. If you are in	os/activities/interests listed below that are tion with for-profit or not-for-profit third script. Disclosure represents a commitment n doubt about whether to list a	

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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