ICMJE DISCLOSURE FORM

Date:Sep. 26 th , 2023
Your Name:Lin Li
Manuscript Title:Clinical and radiological differentiation between Trousseau syndrome and cardiogenic
embolism: a retrospective case-control study
Manuscript number (if known): QIMS-23-800-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 <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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items.

		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)
	Ti	me frame: Since the initia	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	_x_None	

	any entity (if not indicated in item #1 above).	
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 for 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

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:

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:Sep. 26 th , 2023	
Your Name:Tong Li	
Manuscript Title:Clinical and rad	diological differentiation between Trousseau syndrome and
cardiogenic	
embolism: a retrospective case-co	ontrol study
Manuscript number (if known):	· · · · · · · · · · · · · · · · · · ·

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</u>

manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
	Ti	me frame: Since the initial	planning of the work
1	All support for the	_x_None	

2	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 in item #1 above). Royalties or licenses	Time frame: past 3x_Nonex_None	36 months
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 for 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	

None.	
lease place an "X" next to t	the following statement to indicate your agreement:
	3 6
uestions on this	vered every question and have not altered the wording of any of the
3	vered every question and have not altered the wording of any of the ICMJE DISCLOSURE FORM
uestions on this form.	ICMJE DISCLOSURE FORM
uestions on this form. ate:Sep. 26 th , 2023	ICMJE DISCLOSURE FORM
uestions on this form. ate:Sep. 26 th , 2023 our Name:Jingjia Cao Januscript Title:Clinical ar	ICMJE DISCLOSURE FORM
uestions on this form. Pate:Sep. 26 th , 2023 our Name:Jingjia Cao Manuscript Title:Clinical ar ardiogenic mbolism: a retrospective ca	ICMJE DISCLOSURE FORM

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 <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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
		me frame: Since the initia	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.	x_None	
	Consists an appropriate form	Time frame: past	. 36 MONINS
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	
_	Davis and an harmania for	Nama	
5	Payment or honoraria for lectures, presentations,	_ x_None	
	speakers bureaus, manuscript writing or		
4	educational events	y Mono	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and or travel	_x_None	
	meetings and/or traver		
8	Patents planned, issued	_x_None	
	or pending		
9	Participation on a Data	_x_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	_ x_None	
10	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid	N	
11	Stock or stock options	_x_None	

12	Receipt of equipment,	_x_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_x_None	
	financial interests		
PΙ	ease summarize the abo	ve conflict of interest in	the following box:
_			
	None.		

None.		

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:Sep. 26 th , 2023
Your Name:Cuicui Li
Manuscript Title:Clinical and radiological differentiation between Trousseau syndrome and
cardiogenic
embolism: a retrospective case-control study
Manuscript number (if known): OIMS-23-800-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 <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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the	_x_None	p.a.m.ng ar and mank
	present manuscript (e.g.,	x_None	
	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	x_None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	_ x_None	
4	Consulting lees	x_None	
5	Payment or honoraria for	_x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Cupport for attanding	y None	
7	Support for attending meetings and for travel	_x_None	
0	Datanta plannad issued	y None	
8	Patents planned, issued	_x_None	
	or pending		
0	Participation on a Data	y None	

	Safety Monitoring Board or Advisory Board		
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	
_			
PΙ	ease place an "X" next t	o the following stater	ment to indicate your agreement:
_>	·	· ·	ment to indicate your agreement: on and have not altered the wording of any of the
_>	\(\) I certify that I have an uestions on this \(\) \(swered every questic	

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 <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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	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.	_x_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _x_None	36 monus
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	y None	
1	Support for attending meetings and or travel	_x_None	
	moduligo anazor aaver		
8	Patents planned, issued	_x_None	
Ü	or pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board		
10	or Advisory Board	Mara	
10	Leadership or fiduciary role in other board,	_x_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	_x_None	
12	Receipt of equipment,	_x_None	
12	materials, drugs, medical	X_IVOITE	
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		
PΙε	ease summarize the abo	ve conflict of interest i	n the following hox:
	None.		
Б.			
PΙθ	ease place an "X" next to	the following stateme	ent to indicate your agreement:
V	Loortify that I have an	overed over allestion	and have not altered the wording of any of the
	_ regring matrinave an estions on this	swered every question	and have not altered the wording of any of the
qu	form.		
	101111.	ICMIE DISC	LOCUDE FORM
		ICIVITE DISC	LOSURE FORM
_	te:Sep. 26 th , 2023_		
112	10. $300.20,2023$		
	•		
Υo	ur Name: Ximing W	ang	entiation between Trousseau syndrome and

embolism: a retrospective case-con	trol study
Manuscript number (if known):	_QIMS-23-800-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 <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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
	Ti	me frame: Since the initia	l 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	_x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
,	educational events		
6	Payment for expert	_x_None	
	testimony		
7	Company for a thought on	N	
7	Support for attending meetings and for travel	_x_None	
8	Patents planned, issued	_x_None	
	or pending		
9	Participation on a Data	_ x_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_x_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stack on tions	y Mana	
11	Stock or stock options	_x_None	
12	Receipt of equipment,	_ x_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_x_None	
	financial interests		
			the following how

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:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.	;