

## ICMJJE DISCLOSURE FORM

Date: 17/03/2021  
 Your Name: Foo Lee Size  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
 Manuscript number (if known): QIMS-20-1339

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)
<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>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

<p>The author has no conflict of interest to declare.</p>
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**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: 17/03/2021  
 Your Name: George Harston  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
 Manuscript number (if known): QIMS-20-1339

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<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>	Brainomix Ltd	The author is employed part time by Brainomix Ltd.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Brainomix Ltd	The author has stock options with Brainomix Ltd.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.

**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: 17/03/2021  
 Your Name: Amit Mehndiratta  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
 Manuscript number (if known): QIMS-20-1339

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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**(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: 17/03/2021  
 Your Name: Yap Wun She  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
 Manuscript number (if known): QIMS-20-1339

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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## ICMJJE DISCLOSURE FORM

Date: 17/03/2021  
 Your Name: Hum Yan Chai  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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## ICMJE DISCLOSURE FORM

Date: 17/03/2021  
 Your Name: Lai Khin Wee  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
 Manuscript number (if known): QIMS-20-1339

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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## ICMJE DISCLOSURE FORM

Date: 17/03/2021  
 Your Name: Shahizon Azura Mohamed Mukari  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
 Manuscript number (if known): QIMS-20-1339

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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## ICMJE DISCLOSURE FORM

Date: 17/03/2021  
 Your Name: Faizah Mohd Zaki  
 Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)  
 Manuscript number (if known): QIMS-20-1339

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

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**(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: March 23<sup>rd</sup>, 2021

Your Name: Tee Yee Kai

Manuscript Title: Clinical Translation of Amide Proton Transfer (APT) MRI for Ischemic Stroke: A Systematic Review (2003 – 2020)

Manuscript number (if known): QIMS-20-1339

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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>	National Cancer Council Malaysia (MAKNA) Cancer Research Award 2018	
		UTAR Research Fund [project number: IPSR/RMC/UTARRF/2018-C1/T04, IPSR/RMC/UTARRF/2020-C1/T02]	
		NVIDIA Corporation with the donation of a Quadro P6000 GPU	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" 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 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 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 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 supported by National Cancer Council Malaysia (MAKNA) Cancer Research Award 2018, UTAR Research Fund [project number: IPSR/RMC/UTARRF/2018-C1/T04, IPSR/RMC/UTARRF/2020-C1/T02], and NVIDIA Corporation with the donation of a Quadro P6000 GPU.

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