| Date:2021-5-12 |
|---|
| Your Name:Jie Chen |
| Manuscript Title: Predictive value of thrombus susceptibility for cardioembolic stroke by quantitative susceptibility |
| mapping |
| Manuscript number (if known): QIMS-21-235-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 <u>current</u> <u>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 | None | |
| | 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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

| 5 | Payment or honoraria for | None | |
|----|---|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | None | |
| ŕ | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| Ŭ | pending | | |
| | P | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

None

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

| Date:2021-5-13 |
|---|
| Your Name:Zhe Zhang |
| Manuscript Title: Predictive value of thrombus susceptibility for cardioembolic stroke by quantitative susceptibility |
| mapping |
| Manuscript number (if known): QIMS-21-235-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.

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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. | None | |
| | | Time frame: past | 36 months |
| 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 | None | |
|----|---|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | None | |
| ŕ | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| Ŭ | pending | | |
| | P | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

None

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

| Date:2021-5-13 |
|---|
| Your Name:Ximing Nie |
| Manuscript Title: Predictive value of thrombus susceptibility for cardioembolic stroke by quantitative susceptibility |
| mapping |
| Manuscript number (if known): QIMS-21-235-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 <u>current</u> <u>manuscript only</u>.

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| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

| 5 | Payment or honoraria for | None | |
|----|---|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | None | |
| ŕ | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| Ŭ | pending | | |
| | P | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

None

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

| Date:2021-5-13 |
|--|
| Your Name:Yuyuan Xu |
| Manuscript Title: Predictive value of thrombus susceptibility for cardioembolic stroke by quantitative susceptibilit |
| mapping |
| Manuscript number (if known): QIMS-21-235-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 <u>current</u> <u>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 | None | |
| | 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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

| 5 | Payment or honoraria for | None | |
|----|---|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | None | |
| ŕ | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| Ŭ | pending | | |
| | P | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

None

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

| Date:2021-5-13 |
|--|
| Your Name:Chunlei Liu |
| Manuscript Title: Predictive value of thrombus susceptibility for cardioembolic stroke by quantitative susceptibilit |
| mapping |
| Manuscript number (if known): QIMS-21-235-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 <u>current</u> <u>manuscript only</u>.

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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. | None | | |
| | Time frame: past 36 months | | | |
| 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 | None | |
|----|---|------|--|
| | lectures, presentations, | | |
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| 6 | Payment for expert | None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | None | |
| ŕ | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| Ŭ | pending | | |
| | P | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

None

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

| Date:2021-5-13 | |
|--|------|
| Your Name:Xingquan Zhao | |
| Manuscript Title: Predictive value of thrombus susceptibility for cardioembolic stroke by quantitative susceptibil | lity |
| mapping Manuscript number (if known): QIMS-21-235-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.

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| | 1 | Time frame: Since the initial | planning of the work | |
| 1 | All support for the present | None | | |
| | 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 | None | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | None | | |
| | | | | |
| | | | | |
| 4 | Consulting fees | None | | |
| | | | | |

| 5 | Payment or honoraria for | None | |
|----|---|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | None | |
| ŕ | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| Ŭ | pending | | |
| | P | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

None

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

| ate:2021-5-14 |
|--|
| our Name:Yongjun Wang |
| lanuscript Title: Predictive value of thrombus susceptibility for cardioembolic stroke by quantitative susceptibility happing |
| lanuscript number (if known): QIMS-21-235-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.

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| 1 | All support for the present | None | | |
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| | provision of study materials, | | | |
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| | No time limit for this item. | | | |
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| | | | | |
| | Time frame: past 36 months | | | |
| 2 | Grants or contracts from | None | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | None | | |
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| | | | | |
| 4 | Consulting fees | None | | |
| | | | | |

| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
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| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | None | |
| ŕ | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| Ŭ | pending | | |
| | P | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

None

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