Date:\_\_\_\_\_May 28, 2021\_\_\_\_\_ Your Name:\_Runrun Wang\_\_\_\_\_ Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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	
1	All support for the present	X_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	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	<b>X</b> None
8	Patents planned, issued or pending	<b>X</b> None
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	X_None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>X</b> None
13	Other financial or non- financial interests	XNone

None

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

 Date:\_\_\_\_\_May 27, 2021\_\_\_\_\_

 Your Name:\_Julien Poublanc\_\_\_\_\_\_

 Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_

 Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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	
1	All support for the present	X_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	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

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

None

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

Date:\_\_\_\_\_May 24, 2021\_\_\_\_

Your Name:\_Adrian P Crawley\_\_\_\_\_

Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present		
т	manuscript (e.g., funding,	X_None	
	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	<b>X</b> None	
	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 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	<b>X_</b> None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
13	services Other financial or non-	<b>X</b> None	
	financial interests		

None

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

Date:\_\_\_\_\_May 27, 2021\_\_\_\_\_ Your Name:\_ Olivia Sobczyk\_\_\_\_\_\_ \_\_\_\_\_ Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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 manuscript (e.g., funding, provision of study materials,	X_None	
р	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	<b>X</b> None	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None

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

Date:\_\_\_\_\_May 27, 2021\_\_\_

Your Name:\_Sander kneepkens\_\_\_\_\_

Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	X_None	
	manuscript (e.g., funding,		
	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	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

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

None

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

Date:\_\_\_\_\_May 22, 2021\_\_\_\_\_

Your Name: Larissa Mcketton

Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present		
т	manuscript (e.g., funding,	X_None	
	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	<b>X</b> None	
	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 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	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

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

Date:\_\_\_\_\_May 25, 2021\_\_\_\_\_ Your Name:\_Charles Tator\_\_\_\_\_\_ Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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 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).	<b>X</b> None		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

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

None

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

Date:\_\_\_\_\_May 26, 2021\_\_\_\_\_ Your Name:\_Renhua Wu\_\_\_\_\_ Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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	X_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	<b>X</b> None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	<b>X</b> None			
4	Consulting fees	<b>X</b> None			

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

None

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

 Date:\_\_\_\_\_May 26, 2021\_\_\_\_\_

 Your Name:\_ David J Mikulis\_\_\_\_\_\_

 Manuscript Title:\_Cerebrovascular Reactivity Changes in Acute Concussion: A Controlled Cohort Study\_\_

 Manuscript number (if known):\_\_\_\_\_QIMS-20-1296\_\_\_\_\_\_

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 manuscript (e.g., funding, provision of study materials,	<b>X_</b> None		
processing c	medical writing, article processing charges, etc.) No time limit for this item.			
	No time mint for this item.			
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated	<b>X</b> None		
	in item #1 above).			
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

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

None

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