

ICMJE DISCLOSURE FORM

Date: Dec.12th, 2021

Your Name: Mingzhu Fu

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

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.

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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) |
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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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" 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 checked="" type="checkbox"/> None | |
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I have no conflict of interest to declare.

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

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: Dec.12th, 2021

Your Name: Fei Peng

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec.12th, 2021

Your Name: Miaoqi Zhang

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec.12th, 2021

Your Name: Shuo Chen

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

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Date: Dec.12th, 2021

Your Name: Hao Niu

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

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Date: Dec.12th, 2021

Your Name: Xiaoxin He

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

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ICMJE DISCLOSURE FORM

Date: Dec.12th, 2021

Your Name: Boya Xu

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

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ICMJE DISCLOSURE FORM

Date: Dec.12th, 2021

Your Name: Aihua Liu

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

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| | | <input checked="" type="checkbox"/> Beijing Science and Technology Planning Project (Z181100009618035) | Payment was made to my institution. |
| | | <input checked="" type="checkbox"/> Beijing Municipal Administration of Hospitals' Ascent Plan (DFL20190501) | Payment was made to my institution. |
| | | <input checked="" type="checkbox"/> Specific Research Projects for Capital Health Development(2018-2-2041) | Payment was made to my institution. |
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Date: Dec.12th, 2021

Your Name: Rui li

Manuscript Title: Pixel-level correlation between spatial distribution of aneurysmal wall enhancement and hemodynamics

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| | | <input checked="" type="checkbox"/> the Natural Science Foundation of Beijing (number L192013) | Payment was made to my institution. |
| | | <input checked="" type="checkbox"/> the Natural Science Foundation of China (number 81901197) | Payment was made to my institution. |
| | | <input checked="" type="checkbox"/> the Natural Science Foundation of Beijing, China (No. 7142032) | Payment was made to my institution. |
| | | <input checked="" type="checkbox"/> Research and Promotion Program of Appropriate Techniques for Intervention of Chinese High-risk Stroke People (GN-2020R0007) | Payment was made to my institution. |

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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

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

This study is supported by the Natural Science Foundation of China (number 81971604), the Natural Science Foundation of Beijing (number L192013), the Natural Science Foundation of China (number 81901197), the Natural Science Foundation of Beijing, China (No. 7142032) and Research and Promotion Program of Appropriate Techniques for Intervention of Chinese High-risk Stroke People (GN-2020R0007) which are paid to my institution.

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.