ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

2. **The work under consideration for publication.**
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. **Intellectual Property.**
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
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**Section 1. Identifying Information**

1. Given Name (First Name) 
   Tingting
2. Surname (Last Name) 
   Zhu
3. Date 
   19-June-2020
4. Are you the corresponding author? 
   ☑ No
5. Manuscript Title 
   Comparison of plaque characteristics of small and large subcortical infarctions in the middle cerebral artery territory using high-resolution MR vessel wall imaging
6. Manuscript Identifying Number (if you know it) 
   QIMS-20-310

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Section 6. Disclosure Statement

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Dr. Zhu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lijie

2. Surname (Last Name)  
   Ren

3. Date  
   19-June-2020

4. Are you the corresponding author?  
   ☐ Yes  ✔ No  
   Corresponding Author's Name  
   Na Zhang

5. Manuscript Title  
   Comparison of plaque characteristics of small and large subcortical infarctions in the middle cerebral artery territory using high-resolution MR vessel wall imaging

6. Manuscript Identifying Number (if you know it)  
   QIMS-20-310

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Are there any relevant conflicts of interest?  
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Section 3. Relevant financial activities outside the submitted work.

Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ren has nothing to disclose.

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<table>
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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Lei</td>
<td>Zhang</td>
<td>19-June-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
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Dr. Zhang has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Yinghui

2. **Surname (Last Name)**
   Shao

3. **Date**
   19-June-2020

4. **Are you the corresponding author?**
   Yes ✗ No

   **Corresponding Author’s Name**
   Na Zhang

5. **Manuscript Title**
   Comparison of plaque characteristics of small and large subcortical infarctions in the middle cerebral artery territory using high-resolution MR vessel wall imaging

6. **Manuscript Identifying Number (if you know it)**
   QIMS-20-310

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Dr. Shao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Liwen
2. Surname (Last Name)  Wan
3. Date  19-June-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author's Name  Na Zhang

5. Manuscript Title
   Comparison of plaque characteristics of small and large subcortical infarctions in the middle cerebral artery territory using high-resolution MR vessel wall imaging
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1. Given Name (First Name)  Ye
2. Surname (Last Name)  Li
3. Date  19-June-2020

4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name
Ye Li

5. Manuscript Title
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Dr. Li has nothing to disclose.

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<tr>
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<td>Liang</td>
<td>19-June-2020</td>
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4. Are you the corresponding author?  
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   - [x] No

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<td>Na Zhang</td>
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5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   QIMS-20-310

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Are there any relevant conflicts of interest?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Hairong
2. Surname (Last Name)  Zheng
3. Date  19-June-2020

4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title
Comparison of plaque characteristics of small and large subcortical infarctions in the middle cerebral artery territory using high-resolution MR vessel wall imaging

6. Manuscript Identifying Number (if you know it)
QIMS-20-310

Corresponding Author's Name
Na Zhang

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<td>Liu</td>
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