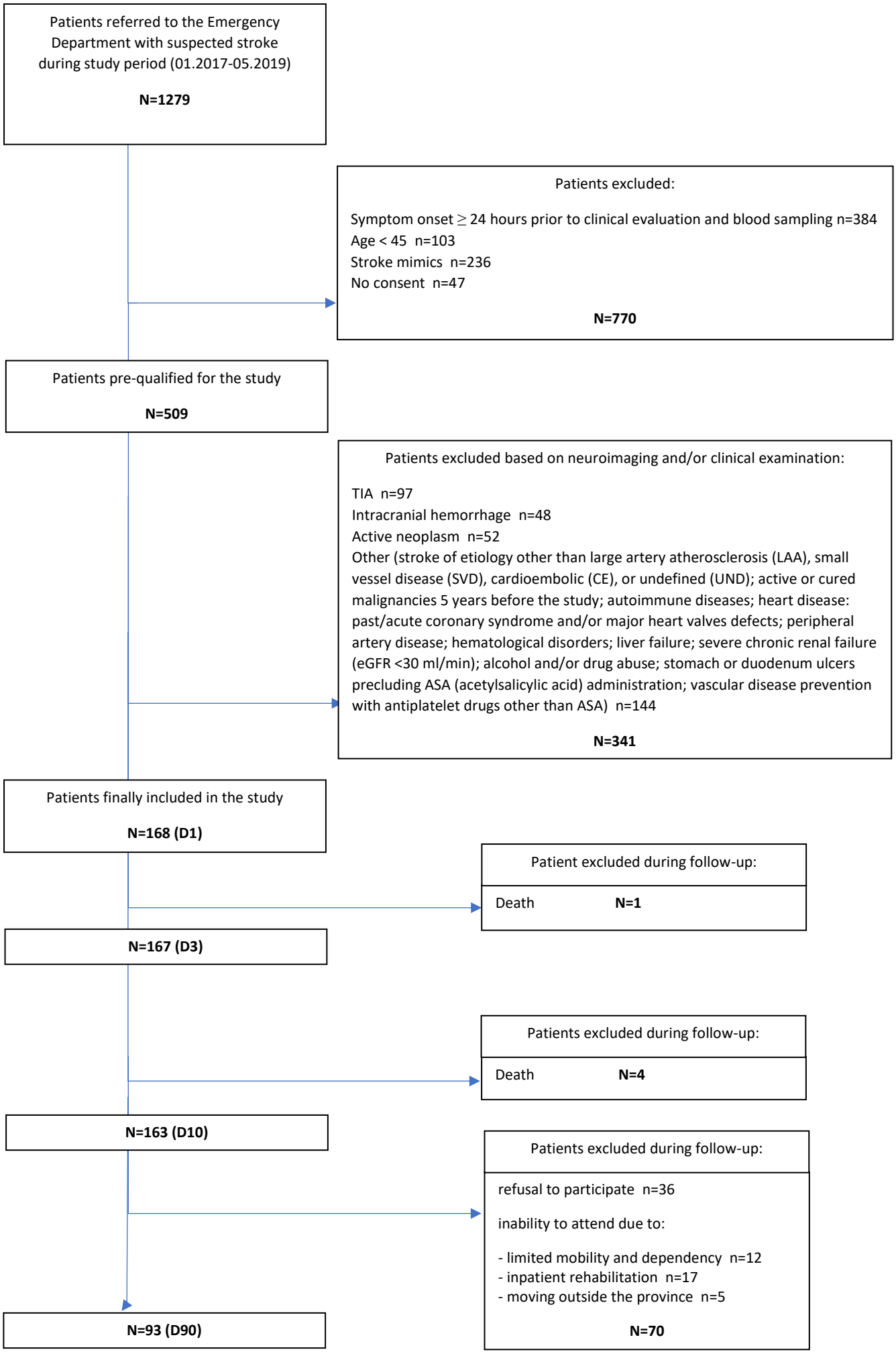

Patients referred to the Emergency Department with suspected stroke during study period (01.2017-05.2019)
N=1279
Patients excluded:
Symptom onset ≥ 24 hours prior to clinical evaluation and blood sampling n=384
Age < 45 n=103
Stroke mimics n=236
No consent n=47
N=770
Patients pre-qualified for the study
N=509
Patients excluded based on neuroimaging and/or clinical examination:
TIA n=97
Intracranial hemorrhage n=48
Active neoplasm n=52
Other (stroke of etiology other than large artery atherosclerosis (LAA), small vessel disease (SVD), cardioembolic (CE), or undefined (UND); active or cured malignancies 5 years before the study; autoimmune diseases; heart disease: past/acute coronary syndrome and/or major heart valves defects; peripheral artery disease; hematological disorders; liver failure; severe chronic renal failure (eGFR <30 ml/min); alcohol and/or drug abuse; stomach or duodenum ulcers precluding ASA (acetylsalicylic acid) administration; vascular disease prevention with antiplatelet drugs other than ASA) n=144
N=341
Patients finally included in the study
N=168 (D1)
Patient excluded during follow-up:
Death N=1
N=167 (D3)
Patients excluded during follow-up:
Death N=4
N=163 (D10)
Patients excluded during follow-up:
refusal to participate n=36
inability to attend due to:
- limited mobility and dependency n=12
- inpatient rehabilitation n=17
- moving outside the province n=5
N=70
N=93 (D90)

Supplementary Material S1.

Figure S1. Flow chart of participant recruitment