ICMJE Form for Disclosure of Potential 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)**
   - Xiaoping

2. **Surname (Last Name)**
   - Zhu

3. **Date**
   - 29-May-2020

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

   **Corresponding Author's Name**
   - Lanshu Zhou

5. **Manuscript Title**
   - Stratification of venous thromboembolism risk in stroke patients by Caprini score

6. **Manuscript Identifying Number (if you know it)**
   - APM-19-166

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   - [x] No

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Dr. Zhu has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<td>Tingting</td>
<td>Zhang</td>
<td>29-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   
   **Corresponding Author’s Name**  
   Lanshu Zhou

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

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### Identifying Information

1. Given Name (First Name) 
   Lanshu

2. Surname (Last Name) 
   Zhou

3. Date 
   29-May-2020

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

5. Manuscript Title 
   Stratification of venous thromboembolism risk in stroke patients by Caprini score

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1. Given Name (First Name)  Xiaobing
2. Surname (Last Name)  Yin
3. Date  29-May-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Lanshu Zhou
5. Manuscript Title  Stratification of venous thromboembolism risk in stroke patients by Caprini score
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   Corresponding Author’s Name Lanshu Zhou
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