ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
Yigang

2. Surname (Last Name)  
Liu

3. Date  
20-March-2020

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Zhiyu Nie

5. Manuscript Title  
Relationship between initial INR and prognosis in patients with cardiogenic cerebral embolism

6. Manuscript Identifying Number (if you know it)  
APM-19-366

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Dr. Liu has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Dudu

2. Surname (Last Name)  
   Jiang

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   Yes ☑️  No

   Corresponding Author’s Name  
   Zhiyu Nie

5. Manuscript Title  
   Relationship between initial INR and prognosis in patients with cardiogenic cerebral embolism

6. Manuscript Identifying Number (if you know it)  
   APM-19-366

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
Yes ☑️  No

### Section 3. Relevant Financial Activities outside the Submitted Work

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Yes ☑️  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes ☑️  No
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Dr. Jiang has nothing to disclose.

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Lingjing

2. Surname (Last Name)  
Jin

3. Date  
20-March-2020

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

Corresponding Author’s Name  
Zhiyu Nie

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Dr. Jin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Zhiyu
2. Surname (Last Name)  Nie
3. Date  20-March-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
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