ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<td>Zhu</td>
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<td>3. Date</td>
<td>03-July-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name
Xing Wei, Wang Tianle

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Shenchu Gong

2. Surname (Last Name)  
   Gong

3. Date  
   03-July-2020

4. Are you the corresponding author?  
   Yes
   No

Corresponding Author's Name  
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1. Given Name (First Name)  
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2. Surname (Last Name)  
   Zhu

3. Date  
   03-July-2020

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

Corresponding Author's Name  
Xing Wei, Wang Tianle

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Zhang
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Ru

2. Surname (Last Name)  
Zhang

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Xing Wei, Wang Tianle

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   Kaixuan

2. Surname (Last Name)  
   Ren

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   03-July-2020

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Dr. Ren has nothing to disclose.

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**Royalties**: Funds are coming in to you or your institution due to your patent
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Zhengqi

2. Surname (Last Name)  
   Zhu

3. Date  
   03-July-2020

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

5. Manuscript Title  
   FLAIR vascular hyperintensity: an unfavorable marker of early neurological deterioration and short-term prognosis in acute ischemic stroke patients

6. Manuscript Identifying Number (if you know it)

### 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  
   ✔ No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Zhu has nothing to disclose.

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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.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Tianle
2. Surname (Last Name)  Wang
3. Date  03-July-2020
4. Are you the corresponding author?  Yes
5. Manuscript Title
   FLAIR vascular hyperintensity: an unfavorable marker of early neurological deterioration and short-term prognosis in acute ischemic stroke patients
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes

Wang
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<td>03-July-2020</td>
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4. Are you the corresponding author? ✓ Yes ☐ No

5. Manuscript Title
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Are there any relevant conflicts of interest? ✓ Yes ☐ No

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