

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shasha	2. Surname (Last Name) Wang	3. Date 20-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoqiong Peng
5. Manuscript Title A randomized controlled trial of brain and heart health manager-led mHealth secondary stroke prevention		
6. Manuscript Identifying Number (if you know it) CDT-20-423-R1		

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ying

2. Surname (Last Name)

Li

3. Date

20-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiaoqiong Peng

5. Manuscript Title

A randomized controlled trial of brain and heart health manager-led mHealth secondary stroke prevention

6. Manuscript Identifying Number (if you know it)

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Xiaoqiong

2. Surname (Last Name)

Peng

3. Date

20-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Jishu

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Tian

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Yes No

Corresponding Author's Name

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1. Given Name (First Name) Cuiping	2. Surname (Last Name) Du	3. Date 20-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoqiong Peng
5. Manuscript Title A randomized controlled trial of brain and heart health manager-led mHealth secondary stroke prevention		
6. Manuscript Identifying Number (if you know it) CDT-20-423-R1		

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Du has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Changmei	2. Surname (Last Name) Feng	3. Date 20-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoqiong Peng
5. Manuscript Title A randomized controlled trial of brain and heart health manager-led mHealth secondary stroke prevention		
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Dr. Feng has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chunmei	2. Surname (Last Name) Liu	3. Date 20-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoqiong Peng
5. Manuscript Title A randomized controlled trial of brain and heart health manager-led mHealth secondary stroke prevention		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Rong	2. Surname (Last Name) Deng	3. Date 20-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoqiong Peng
5. Manuscript Title A randomized controlled trial of brain and heart health manager-led mHealth secondary stroke prevention		
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