a case

Date	e:July. 16 <sup>th</sup> , 2022		
	Name:Chun Luo	•	
Man	uscript Title: Lysyl oxida	se family gene polymorph	isms and risk of aneurysmal subarachnoid hemorrhage: a c
cont	rol study		
Man	uscript number (if known):	ATM-22-3484	
relat parti to tr relat	eed to the content of your nies whose interests may be ansparency and does not notionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
<u>man</u>	uscript only.		
to th med In ite	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed)	I planning of the year
		Time frame: Since the initia	in planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

Date: \_\_\_\_July. 16<sup>th</sup>, 2022\_\_\_\_

You	r Name: <u>Bingyang Li</u>			
		se family gene polymorph	isms and risk of aneurysmal subarachnoid hemorrhage: a c	ase
	trol study		,	
Mar	nuscript number (if known):	ATM-22-3484		
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	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
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	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		whom you have this	(e.g., if payments were made to you or to your	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
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1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)  planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution)  planning of the work	
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: pastXNone	(e.g., if payments were made to you or to your institution)  planning of the work	
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5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

a case

Date	e:July. 16 <sup>th</sup> , 2022		
You	r Name: <u>Liu Chao</u>		
Man	uscript Title: Lysyl oxida	se family gene polymorphi	sms and risk of aneurysmal subarachnoid hemorrhage: a c
	rol study		
Man	uscript number (if known):	ATM-22-3484	
relate part to trelate	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do	relationships/activities/interests listed below that are not any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
to the med	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

Consulting fees

5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

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Date	e:July. 16 <sup>th</sup> , 2022		
	Name: Rui Dong	•	
Man	uscript Title: Lysyl oxida	se family gene polymorph	isms and risk of aneurysmal subarachnoid hemorrhage: a c
cont	rol study		
Man	uscript number (if known):	ATM-22-3484	
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<u>man</u>	uscript only.		
to th med In ite	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present	V None	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X None	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

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Dat	e:July. 16 <sup>th</sup> , 2022	_	
You	r Name: <u>Chongyu Hu</u>		
Maı	nuscript Title: Lysyl oxida	se family gene polymorph	isms and risk of aneurysmal subarachnoid hemorrhage: a c
	trol study		
Maı	nuscript number (if known):	ATM-22-3484	
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	nuscript only.		
to to	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: pas	t 26 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

	e:July. 16 <sup>th</sup> , 2022		
You	r Name: <u>Junyu Liu</u>		
		se family gene polymorph	isms and risk of aneurysmal subarachnoid hemorrhage: a case
	rol study		
Mar	uscript number (if known):	ATM-22-3484	
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your institution)
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
1	All command founds a command	T	
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
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2	any entity (if not indicated	XNone	
2	any entity (if not indicated in item #1 above).		
3	any entity (if not indicated	X_None	
	any entity (if not indicated in item #1 above).		

Consulting fees

5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

a case

Date: \_\_\_\_July. 16<sup>th</sup>, 2022\_\_\_\_

You	r Name: <u>Liming Hu</u>		
Mar	nuscript Title: Lysyl oxida	se family gene polymorphi	sms and risk of aneurysmal subarachnoid hemorrhage: a c
cont	trol study		
Mar	nuscript number (if known):	ATM-22-3484	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

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	e:July. 16 <sup>th</sup> , 2022		
	r Name:Xin Liao		
cont	trol study		isms and risk of aneurysmal subarachnoid hemorrhage: a c
Mar	nuscript number (if known):	ATM-22-3484	
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution
		needed)	
		Time frame: Since the initia	l planning of the work
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1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

a case

Date	e:July. 16 <sup>th</sup> , 2022		
	r Name: <u>Jilin Zhou</u>		
Man	uscript Title: Lysyl oxida	se family gene polymorph	nisms and risk of aneurysmal subarachnoid hemorrhage: a c
	rol study		
Man	uscript number (if known):	ATM-22-3484	
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to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare tion is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

Date	e:July. 16 <sup>th</sup> , 2022			
You	r Name: <u>Lu Xu</u>			
Mar	nuscript Title: Lysyl oxida	se family gene polymorph	isms and risk of aneurysmal subarachnoid hemorrhage	a case
cont	trol study			
Mar	nuscript number (if known):	ATM-22-3484		
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initia	al planning of the work	
			ar pranting of the front	
1	All support for the present	XNone		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	X None		
_	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

Date: \_\_\_\_July. 16<sup>th</sup>, 2022\_\_\_\_

You	r Name: <u>Songlin Liu</u>			
Man	uscript Title: Lysyl oxida:	se family gene polymorphi	sms and risk of aneurysmal subarachnoid hemorrhage: a	case
cont	rol study			
Man	uscript number (if known):	ATM-22-3484		
In th	e interest of transparency.	we ask vou to disclose all r	elationships/activities/interests listed below that are	
			ns any relation with for-profit or not-for-profit third	
			the manuscript. Disclosure represents a commitment	
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	tionship/activity/interest, it	<u>-</u>	•	
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		o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
man	uscript only.			
			efined broadly. For example, if your manuscript pertains	
		· · ·	Il relationships with manufacturers of antihypertensive	
med	ication, even if that medica	tion is not mentioned in th	e manuscript.	
In it	em #1 below, report all supp	port for the work reported	in this manuscript without time limit. For all other items	5,
the t	time frame for disclosure is	the past 36 months.		
		Name all entities with	Specifications/Comments	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		whom you have this	(e.g., if payments were made to you or to your	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
1	All support for the present	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)  planning of the work	
1 2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution)  planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: pastXNone	(e.g., if payments were made to you or to your institution)  planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: pastXNone	(e.g., if payments were made to you or to your institution)  planning of the work	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

a case

	e:July. 16 <sup>th</sup> , 2022		
	r Name: <u>Dun Yuan</u>		
	<del></del>	se family gene polymorphi	sms and risk of aneurysmal subarachnoid hemorrhage: a c
	rol study		
Man	nuscript number (if known):	ATM-22-3484	
relate part to trelate The man The to the med	ted to the content of your miles whose interests may be cansparency and does not not it in the content of the c	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship rities/interests should be dension, you should declare a tion is not mentioned in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
tile	time frame for disclosure is	the past 30 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	planning of the weath
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time innit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	V. Name	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
	Please summarize the above conflict of interest in the following box:  None.				

Date: \_\_\_\_July. 16<sup>th</sup>, 2022\_\_\_\_

You	r Name: <u>Weixi Jiang</u>			
Mar	uscript Title: Lysyl oxida:	se family gene polymorphi	sms and risk of aneurysmal subarachnoid hemorrhage: a	case
cont	rol study			
Mar	uscript number (if known):	ATM-22-3484		
In the relate man.  The man.  The to the med.	te interest of transparency, ted to the content of your mies whose interests may be ransparency and does not not ionship/activity/interest, it following questions apply to uscript only.  author's relationships/activity e epidemiology of hyperter lication, even if that medicalem #1 below, report all supplements.	we ask you to disclose all ranuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship rities/interests should be dension, you should declare a tion is not mentioned in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	
the	time frame for disclosure is	the past 36 months.		
		Name all entities with	Specifications/Comments	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
			-	
		whom you have this	(e.g., if payments were made to you or to your	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)  planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution)  planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: pastXNone	(e.g., if payments were made to you or to your institution)  planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone  Time frame: pastXNone	(e.g., if payments were made to you or to your institution)  planning of the work	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	se summarize the above co	nflict of interest in the follo	owing box:

Date	e:July. 16 <sup>th</sup> , 2022	_	
You	r Name: <u>Junxia Yan</u>		
Mar	nuscript Title: Lysyl oxida	se family gene polymorphi	sms and risk of aneurysmal subarachnoid hemorrhage: a case
cont	trol study		
Mar	nuscript number (if known):	ATM-22-3484	
related to the man. The to the med. In it	ted to the content of your nies whose interests may be ransparency and does not notionship/activity/interest, it following questions apply touscript only.  author's relationships/activity e epidemiology of hyperteilication, even if that medical	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be dension, you should declare a stion is not mentioned in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	Histitution
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
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	manuscript (e.g., funding,		
	provision of study materials,		
	provision of study materials, medical writing, article		
	provision of study materials, medical writing, article processing charges, etc.)		
	provision of study materials, medical writing, article		
	provision of study materials, medical writing, article processing charges, etc.)		
	provision of study materials, medical writing, article processing charges, etc.)		
	provision of study materials, medical writing, article processing charges, etc.)	Time frame: past	36 months
2	provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from		36 months
2	provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	Time frame: past	36 months
	provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
2	provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	Time frame: past	36 months

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	se summarize the above co	nflict of interest in the follo	owing box:

a case

Date	e:July. 16 <sup>th</sup> , 2022		
You	r Name: <u>Yifeng Li</u>		
Mar	nuscript Title: Lysyl oxida	se family gene polymorphi	sms and risk of aneurysmal subarachnoid hemorrhage: a c
	trol study		
Mar	nuscript number (if known):	ATM-22-3484	
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to the	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  In this manuscript without time limit. For all other items,
		Name all entities with	Canadistantiana/Cammanta
		whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	30 months
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	se summarize the above co	nflict of interest in the follo	owing box: