

## ICMJE DISCLOSURE FORM

Date: 2022.02.15

Your Name: Chelsea Liu

Manuscript Title: Pre-stroke dementia and in-hospital outcomes in the Chinese Stroke Center Alliance

Manuscript number (if known): ATM-22-723

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

Date: 2022.02.15

Your Name: Hong-Qiu Gu

Manuscript Title: Pre-stroke dementia and in-hospital outcomes in the Chinese Stroke Center Alliance

Manuscript number (if known): ATM-22-723

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Date: 2022.02.15

Your Name: Xin Yang

Manuscript Title: Pre-stroke dementia and in-hospital outcomes in the Chinese Stroke Center Alliance

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Date: 2022.02.15

Your Name: Chun-Juan Wang

Manuscript Title: Pre-stroke dementia and in-hospital outcomes in the Chinese Stroke Center Alliance

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Your Name: Xia Meng

Manuscript Title: Pre-stroke dementia and in-hospital outcomes in the Chinese Stroke Center Alliance

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Date: 2022.02.15

Your Name: Kai-Xuan Yang

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Your Name: Xing-Quan Zhao

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Your Name: Li-Ping Liu

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
6	Payment for expert testimony	<u>      </u> None	
7	Support for attending meetings and/or travel	<u>      </u> None	
8	Patents planned, issued or pending	<u>      </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>      </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>      </u> None	
11	Stock or stock options	<u>      </u> None	
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**Please summarize the above conflict of interest in the following box:**

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  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 2022.02.15

Your Name: Zi-Xiao Li

Manuscript Title: Pre-stroke dementia and in-hospital outcomes in the Chinese Stroke Center Alliance

Manuscript number (if known): ATM-22-723

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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