Date:	14-December-2022
Your Name:	Fei Liu
•	Fitle: Thyroid stimulating hormone correlates with triglyceride levels but is not associated with the cute ischemic stroke in patients with euthyroidism: a retrospective cross-sectional study
Manuscript	number (if known):
	st of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initial	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.	√ _None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√ _None	
3	Royalties or licenses	√ _None	
4	Consulting fees	√ _None	

5	Payment or honoraria for	√ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_√_None		
	testimony			
7	Support for attending meetings and/or travel	_√_None		
	meetings and/or traver			
8	Patents planned, issued or	√ None		
	pending			
9	Participation on a Data	_√_None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_√_None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	/ 21		
11	Stock or stock options	√ _None		
12	Descipt of any innerest	/ Name		
12	Receipt of equipment, materials, drugs, medical	√ _None		
	writing, gifts or other			
	services			
13	Other financial or non-	_√_None		
	financial interests			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:	

Dr.Liu has nothing to disclose.

__14-December-2022_

Date:__

Yο	ur Name: Jianli Feng _			
			lates with triglyceride levels but is not associated with the	
		_	pidism: a retrospective cross-sectional study	
	anuscript number (if known	-		
			relationships/activities/interests listed below that are	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a	
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	d in this manuscript without time limit. For all other items	s,
		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)		
	I	Time frame: Since the initia	planning of the work	
1	All support for the present	_√_None		
	manuscript (e.g., funding, 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	Time frame: past _ √ _None	36 months	
2	Grants or contracts from any entity (if not indicated	•	36 months	
2		•	36 months	
2	any entity (if not indicated	•	36 months	
	any entity (if not indicated in item #1 above).	√_None	36 months	
	any entity (if not indicated in item #1 above).	√_None	36 months	

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

Dr.Feng has nothing to disclose.

Yo Ma sev	verity of acute ischemic stro	aostimulating hormone correla ske in patients with euthyro)
rel pa to	ated to the content of your ries whose interests may b	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins 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.	
	e following questions apply inuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.	
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other item	15,
		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 initial	planning of the work	

		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	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.	√ _None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ √ _None	
3	Royalties or licenses	_ √ _None	
4	Consulting fees	_ √ _None	

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

Dr.Hao has nothing to disclose.		

Da	te:14-Decembe	er-2022		
Yo	ur Name: Xiaohong \	Wang		
Ma	anuscript Title: Thyroid	stimulating hormone corre	lates with triglyceride levels but is not associated with the	•
sev	verity of acute ischemic str	oke in patients with euthyr	oidism: a retrospective cross-sectional study	
Ma	anuscript number (if know	າ):		
rel pa to	ated to the content of you rties whose interests may l transparency and does not	r manuscript. "Related" me be affected by the content o	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.	
	e following questions apply anuscript only.	y to the author's relationshi	ps/activities/interests as they relate to the current	
to	the epidemiology of hyper		defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all so e time frame for disclosure	• •	d in this manuscript without time limit. For all other iten	ıs,
		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	planning of the work	
1	All support for the present	√ None		
-	manuscript (e.g., funding,	110110		
	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	_√_None		
	any entity (if not indicated in item #1 above).			

Royalties or licenses

Consulting fees

√_None

√_None

3

		1	
5	Payment or honoraria for lectures, presentations,	_√_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending	_√_None	
	meetings and/or travel		
8	Patents planned, issued or	_√_None	
	pending		
9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ √ _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√ None	
	Stock of Stock options	_	
12	Receipt of equipment,	√ None	
	materials, drugs, medical	_	
	writing, gifts or other		
	services		
13	Other financial or non-	_√_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
_			

Dr.Wang has nothing to disclose.

Date:_____14-December-2022_____

Consulting fees

√_None

Yo	ur Name: Ning Pan			
Ma	anuscript Title: Thyroid s	timulating hormone corre	elates with triglyceride levels but is not associated with the)
se	verity of acute ischemic stro	ke in patients with euthy	oidism: a retrospective cross-sectional study	
Ma	anuscript number (if known)):		
rel pa to	lated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to	• •	ension, you should declare	edefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	;
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other item	ıs,
		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)	
		relationship or indicate none (add rows as needed)	institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as	institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	relationship or indicate none (add rows as needed) Time frame: Since the initia	institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) Time frame: Since the initia	institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	relationship or indicate none (add rows as needed) Time frame: Since the initia	institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) Time frame: Since the initia	institution)	
11	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	relationship or indicate none (add rows as needed) Time frame: Since the initia	institution) al 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 any entity (if not indicated	relationship or indicate none (add rows as needed) Time frame: Since the initial / _None Time frame: pas	institution) al 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	relationship or indicate none (add rows as needed) Time frame: Since the initial / _None Time frame: pas	institution) al planning of the work	

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

Dr.Pan has nothing to disclose.

__15-December-2022_

Date:___

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Yor	ur Name: Guiru Zhang		
			lates with triglyceride levels but is not associated with the
		_	oidism: a retrospective cross-sectional study
	nuscript number (if known)	-	,
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rela pai to	ated to the content of your rties whose interests may be transparency and does not i	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the series of the manuscript. If you are in doubt about whether to list a
rei	ationship/activity/interest,	it is preferable that you do	D SO.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		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	l planning of the work
1	All support for the present	√ None	
L	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
)	Grants or contracts from	Time frame: past	- So months
<u>′</u>		_√_None	
	any entity (if not indicated in item #1 above).		
,	•	/ 21	
3	Royalties or licenses	_ √ _None	
1	Consulting fees	_ √ _None	

5	Payment or honoraria for	_√_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	/ 21	
6	Payment for expert testimony	_ √ _None	
	testimony		
7	Support for attending	_√_None	
,	meetings and/or travel		
8	Patents planned, issued or	_√_None	
	pending		
9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ √ _None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√ None	
	Stock of Stock options	_	
12	Receipt of equipment,	_√_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ √ _None	
	financial interests		
DIA	ase summarize the above c	anflict of interest in the fo	llowing hove
FIE	ase summanze the above t	ominer of interest in the 10	nowing box.

Dr.Zhang has nothing to disclose.

Da	te:15-Decembe	r-2022		
	ur Name: Chuan Jiang			
Ma sev	anuscript Title: Thyroid s	timulating hormone correlated in patients with euthyro	ates with triglyceride levels but is not associated with t idism: a retrospective cross-sectional study	he
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins 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.	
	e following questions apply anuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to	- · · · · · · · · · · · · · · · · · · ·	ension, you should declare	defined broadly. For example, if your manuscript pertainall relationships with manufacturers of antihypertensive manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	d in this manuscript without time limit. For all other ite	ems,
		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 initial	planning of the work	
1	All support for the present	./ None		

		relationship or indicate none (add rows as needed)	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.	√ _None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√ _None	
3	Royalties or licenses	√_None	
4	Consulting fees	_ √ _None	

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5	Payment or honoraria for lectures, presentations,	√_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending	_√_None	
	meetings and/or travel		
8	Patents planned, issued or	_√_None	
	pending		
9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
Pla	ease summarize the above c	onflict of interest in the fo	llowing hox:
r 10	ase summanize the above t	omnet of interest in the lo	HOWING NOV!

Dr.Jiang has nothing to disclose.

Date:_____14-December-2022_____

√_None

√_None

Royalties or licenses

Consulting fees

3

Yo	ur Name: Xiao Shang _			
			elates with triglyceride levels but is not associated with the	9
		_	roidism: a retrospective cross-sectional study	
	nuscript number (if known)	•		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.	
	e following questions apply inuscript only.	to the author's relationsl	nips/activities/interests as they relate to the <u>current</u>	
to	• •	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive on the manuscript.	
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other iten	15,
		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 initi	al planning of the work	
1	All support for the present	_√_None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
	tro time initiation this item.			
		Time frame: pa	st 36 months	
2	Grants or contracts from	√_None	of 50 months	
_	any entity (if not indicated	_ + _140110		
	in item #1 above).			

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

Dr.Shang has nothing to disclose.

Date:_____15-December-2022_

Yo	ur Name: Yanyan Ling	.			
			ates with triglyceride levels but is not associated with the		
	severity of acute ischemic stroke in patients with euthyroidism: a retrospective cross-sectional study				
	anuscript number (if known	-			
rel pa to rel Th	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current		
1116	anuscript only.				
to me	the epidemiology of hypert edication, even if that medic	ension, you should declare cation is not mentioned in to poort 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 item		
		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 initial	planning of the work		
1	All support for the present	_√_None			
	manuscript (e.g., funding, provision of study materials,				
	i biovision di study matemais.				
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	medical writing, article				
	medical writing, article processing charges, etc.)				
	medical writing, article				
	medical writing, article processing charges, etc.)				
	medical writing, article processing charges, etc.)	Time frame: past	36 months		
2	medical writing, article processing charges, etc.)	Time frame: past	36 months		
2	medical writing, article processing charges, etc.) No time limit for this item.		36 months		
2	medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from		36 months		
2	medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated		36 months		
	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).	√ _None	36 months		
	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).	√ _None	36 months		

5	Dayment or honoraria for	/ Nigro	
5	Payment or honoraria for	√ _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	/ • •	
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	_√_None	
	meetings unayor traver		
8	Patents planned, issued or	_ √ _None	
	pending		
9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_√_None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	lowing box:

Dr.Ling has nothing to disclose.

Da	te:14-Decembe	r-2022		
Yo	ur Name: Zhenzhen Xi	iao		
Ma	anuscript Title: Thyroid s	timulating hormone corre	elates with triglyceride levels but is not associated with th	ıe
sev	verity of acute ischemic stro	ke in patients with euthy	roidism: a retrospective cross-sectional study	
Ma	anuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.	
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensiven the manuscript.	
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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)	
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		needed)		
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	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	st 36 months	
2	Grants or contracts from	_√_None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	√ None		

Consulting fees

√_None

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

Dr.Xiao has nothing to disclose.

	te:14-Decembe		
Yo	ur Name: Maolin Hao		
Ma	nuscript Title: Thyroid s	stimulating hormone corre	elates with triglyceride levels but is not associated with the
sev	erity of acute ischemic stro	ke in patients with euthy	oidism: a retrospective cross-sectional study
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the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
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9 Participation on a Data	√ None	
Safety Monitoring Board or	_	
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10 Leadership or fiduciary role	_√_None	
in other board, society,		
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11 Stock or stock options	√ None	
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12 Receipt of equipment,	_√_None	
materials, drugs, medical		
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13 Other financial or non-	_√_None	
financial interests		
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Dr.Hao has nothing to disclose.