

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dorji	2. Surname (Last Name) Harnod	3. Date 2020/03/20
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chia-Hung Kao
5. Manuscript Title Poststroke parkinsonism associates with an increased mortality risk in patients		
6. Manuscript Identifying Number (if you know it) ATM-19-4054		

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.)?

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1. Given Name (First Name)
Tomor

2. Surname (Last Name)
Harnod

3. Date
19-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Chia-Hung Kao

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Cheng-Li	2. Surname (Last Name) Lin	3. Date 18-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Poststroke parkinsonism associates with an increased mortality risk in patients		
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1. Given Name (First Name)
Chung Y.

2. Surname (Last Name)
Hsu

3. Date
19-March-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Poststroke parkinsonism associates with an increased mortality risk in patients

6. Manuscript Identifying Number (if you know it)

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Kao

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18-March-2020

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