

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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XIA

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18-April-2020

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XIN CHENG; QIANG DONG

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1. Given Name (First Name) XIAONIU	2. Surname (Last Name) LIANG	3. Date 18-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name XIN CHENG; QIANG DONG
5. Manuscript Title Incident Cerebral Microbleeds and Hypertension Defined by the 2017 ACC/AHA Guidelines		
6. Manuscript Identifying Number (if you know it) EJoN-20-0737		

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Key R&D Program of China (2016YFC1300503, 2017YFC1308201)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Natural Science Foundation of China (81971123)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shanghai Municipal Science and Technology Major Project (No.2018SHZDZX03), Zhangjiang Lab	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Center on Aging and Medicine, Fudan University	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Section 1. Identifying Information

1. Given Name (First Name) QIANHUA	2. Surname (Last Name) ZHAO	3. Date 18-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name XIN CHENG; QIANG DONG
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) JIANJUN 2. Surname (Last Name) WU 3. Date 18-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
XIN CHENG; QIANG DONG

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) HANSHENG	2. Surname (Last Name) DING	3. Date 18-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name XIN CHENG; QIANG DONG
5. Manuscript Title Incident Cerebral Microbleeds and Hypertension Defined by the 2017 ACC/AHA Guidelines		
6. Manuscript Identifying Number (if you know it) EJoN-20-0737		

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XIN CHENG; QIANG DONG

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