

## ICMJE DISCLOSURE FORM

Date: 2021.04.29

Your Name: Yang Bai

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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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4	Consulting fees	___ X ___ None	

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6	Payment for expert testimony	<input type="checkbox"/> <u> X </u> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <u> X </u> <input type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 2021.04.29

Your Name: Yong Liang

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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## ICMJE DISCLOSURE FORM

Date: 2021.04.29

Your Name: Fang Wang

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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## ICMJE DISCLOSURE FORM

Date: 2021.04.29

Your Name: Ligang Chen

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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## ICMJE DISCLOSURE FORM

Date: 2021.04.29

Your Name: Yulong Zhao

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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## ICMJE DISCLOSURE FORM

Date: 2021.04.29

Your Name: Shoujie Zhao

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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Date: 2021.04.29

Your Name: Yejing Zhu

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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Date: 2021.04.29

Your Name: Yushu Dong

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

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Date: 2021.04.29

Your Name: Guobiao Liang

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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Your Name: Dongfeng Chen

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

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## ICMJE DISCLOSURE FORM

Date: 2021.04.29

Your Name: Lei Liu

Manuscript Title: Clinical course and outcomes of COVID-19 patients with a history of cerebrovascular disease: a retrospective study in Wuhan

Manuscript number (if known): Unknown

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<b>Time frame: Since the initial planning of the work</b>			
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>	___ X ___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ X ___ None	
3	Royalties or licenses	___ X ___ None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ X ___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ X ___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ X ___ None	
13	Other financial or non-financial interests	___ X ___ None	

**Please summarize the above conflict of interest in the following box:**

None.

**Please place an "X" next to the following statement to indicate your agreement:**

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