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

	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	speakers hureaus		
	manuscript writing or educational events		
	Payment for expert	X None	
	testimony	XX	
	·		
7	Support for attending	XNone	
	meetings and/or travel		
	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	^_None	
	Advisory Board		
	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	XNOTIC	
	writing, gifts or other		
	services		
-	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the	e following box:
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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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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11 Sto	cock or stock options	XNone	
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12 Re	eceipt of equipment,	X None	
	laterials, drugs, medical	ΛΝοπο	
	riting, gifts or other		
	ervices		
	ther financial or non-	XNone	
fin	nancial interests		
Please	e summarize the above co	nflict of interest in th	ne following box:
Non	ne.		

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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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	oup, paid or unpaid		
11 Sto	cock or stock options	XNone	
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12 Re	eceipt of equipment,	X None	
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	riting, gifts or other		
	ervices		
	ther financial or non-	XNone	
fin	nancial interests		
Please	e summarize the above co	nflict of interest in th	ne following box:
Non	ne.		

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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	No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	riting, gifts or other		
	ervices		
	ther financial or non-	XNone	
fin	nancial interests		
Please	e summarize the above co	nflict of interest in th	ne following box:
Non	ne.		

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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	manuscript (e.g., funding,		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Manuscript number (if known): Unknown

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11 St	tock or stock options	XNone	
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	naterials, drugs, medical	ΛΝοπο	
	riting, gifts or other		
	ervices		
	ther financial or non-	XNone	
fir	nancial interests		
Pleas	e summarize the above co	nflict of interest in th	e following box:
Noi	ne.		

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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Pleas	e summarize the above co	nflict of interest in th	e following box:
Noi	ne.		

Date: 2021.04.29

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

Manuscript number (if known): Unknown

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

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

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

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Manuscript number (if known): Unknown

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
_	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	xnone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non- financial interests	XNone	
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