Date: 2022/02/09			
Your Name:	Wen Dong		
Manuscript Title:	Dual antiplatelet therapy improves functional recovery and inhibits inflammation after		
-	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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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)
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>	Time frame: Since the initialNone	planning of the work
		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 lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	<u> </u>	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	√None	
10			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	Your Name: Xiangrong Liu		
Manuscript Title:	Dual antiplatelet therapy improves functional recovery and inhibits inflammation after		
_	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	Wengian Liu		
Manuscript Title:_	Dual antiplatelet therapy improves functional recovery and inhibits inflammation after		
_	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	/our Name: Chunjuan Wang		
Manuscript Title: Dual antiplatelet therapy improves functional recovery and inhibits inflammation a			
cerebral ischemia/reperfusion injury			
Manuscript number (if known):			

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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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 lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	<u> </u>	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	√None	
10			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	Shunying Zhao		
Manuscript Title:_	Dual antiplatelet therapy improves functional recovery and inhibits inflammation after		
cerebral ischemia/reperfusion injury			
Manuscript number (if known):			

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	/our Name: Shaohong Wen		
Manuscript Title: Dual antiplatelet therapy improves functional recovery and inhibits inflammation a			
cerebral ischemia/reperfusion injury			
Manuscript number (if known):			

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	Ting Gong		
Manuscript Title:_	Dual antiplatelet therapy improves functional recovery and inhibits inflammation after		
_	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	Wentao Chen		
Manuscript Title: Dual antiplatelet therapy improves functional recovery and inhibits inflammation			
_	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	/our Name:Qingfang Chen		
Manuscript Title: Dual antiplatelet therapy improves functional recovery and inhibits inflammation			
cerebral ischemia/reperfusion injury			
Manuscript number (if known):			

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4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	Weizhen Ye		
Manuscript Title: Dual antiplatelet therapy improves functional recovery and inhibits inflamma			
	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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4	Consulting fees	None	

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	Zixiao Li		
Manuscript Title: Dual antiplatelet therapy improves functional recovery and inhibits inflamm			
_	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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

The author has no conflicts of interest to declare.

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

Date: 2022/02/09			
Your Name:	/our Name: Yongjun Wang		
Manuscript Title: Dual antiplatelet therapy improves functional recovery and inhibits inflammation af			
_	cerebral ischemia/reperfusion injury		
Manuscript number (if known):			

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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11	Stock or stock options	√None	
10			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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