Date: <u>Apr.30th, 2022</u>
Your Name: Weigi Chen
Manuscript Title: Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional
outcome after acute ischemic stroke
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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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
ma pro me pro	I support for the present anuscript (e.g., funding, ovision of study materials, edical writing, article occessing charges, etc.) time limit for this item.	National Natural Science Foundation of China (81901177, 81825007) Beijing Hospitals Authority Youth Programme (QML20200501) Capital's Funds for Health Improvement and Research (2020-1-2041) Chinese Academy of Medical Sciences Innovation Fund for Medical Sciences (2019- I2M-5-029) Young Elite Scientist Sponsorship Program from	

		Science and Technology (2019QNRC001)	
		Beijing Tiantan Hospital, Capital Medical University (2018-YQN-1, 2020MP01)	
		Beijing Outstanding Young Scientist Program (No. BJJWZYJH0120191002503 0)	
		Time from a mark	26
2	Grants or contracts from	Time frame: past X None	36 months
۷	any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X None	
3	Noyalties of necrises	<u>A</u> None	
4	Consulting fees	X None	
4	Consulting rees	<u>X</u> None	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or	<u>X</u> None	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	<u> </u>	
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services		

13	Other financial or non-	<u>X</u> None	
	financial interests		

The author reports funding from the National Natural Science Foundation of China (81901177, 81825007), Beijing Hospitals Authority Youth Programme (QML20200501), Capital's Funds for Health Improvement and Research (2020-1-2041), Chinese Academy of Medical Sciences Innovation Fund for Medical Sciences (2019-I2M-5-029), Young Elite Scientist Sponsorship Program from China Association for Science and Technology (2019QNRC001), Beijing Tiantan Hospital, Capital Medical University (2018-YQN-1, 2020MP01), Beijing Outstanding Young Scientist Program (No. BJJWZYJH01201910025030). The author has no other conflicts of interest to declare.

Ple	ease pla	ace an	"X"	next to t	he fo	ollowin	g state	ement t	o ind	icate	your	agree	men	t:
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Date: Apr.30 th , 2022
Your Name: Yicong Wang
Manuscript <u>Title</u> : <u>Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional</u>
outcome after acute ischemic stroke
Manuscript number (if known):

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1	All support for the present	National Natural Science	
	manuscript (e.g., funding,	Foundation of China	
	provision of study materials,	(81901177, 81825007)	
	medical writing, article	Beijing Hospitals Authority	
	processing charges, etc.)	Youth Programme	
	No time limit for this item.	(QML20200501)	
		Capital's Funds for Health	
		Improvement and	
		Research (2020-1-2041)	
		Chinese Academy of	
		Medical Sciences	
		Innovation Fund for	
		Medical Sciences (2019-	
		I2M-5-029)	
		Young Elite Scientist	
		Sponsorship Program from	
		China Association for	

		Science and Technology (2019QNRC001)	
		Beijing Tiantan Hospital, Capital Medical University (2018-YQN-1, 2020MP01)	
		Beijing Outstanding Young Scientist Program (No. BJJWZYJH0120191002503 0)	
		- : f	26
2	Grants or contracts from	Time frame: past X None	36 Months
۷	any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	X None	
,	Noyalties of licenses	<u>A</u> None	
4	Consulting fees	X None	
4	Consulting rees	<u> </u>	
5	Payment or honoraria for	<u>X</u> None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or	<u>X</u> None	
	pending		
0	Participation on a Data	V None	
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services		

13	Other financial or non-	<u>X</u> None	
	financial interests		

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

Date: Apr.30 th , 2022
Your Name: Xia Meng
Manuscript Title: Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional
outcome after acute ischemic stroke
Manuscript number (if known):

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		Research (2020-1-2041)	
		Chinese Academy of	
		Medical Sciences	
		Innovation Fund for	
		Medical Sciences (2019-	
		I2M-5-029)	
		Young Elite Scientist	
		Sponsorship Program from	
		China Association for	

		Science and Technology (2019QNRC001)	
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2	Grants or contracts from	Time frame: past X None	36 months
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3	Royalties or licenses	X None	
3	Noyalties of necrises	<u>A</u> None	
4	Consulting fees	X None	
4	Consulting rees	<u>X</u> None	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or	<u>X</u> None	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	<u> </u>	
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services		

13	Other financial or non-	<u>X</u> None	
	financial interests		

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Ple	ease pla	ice an	"X"	next to t	the f	ollowi	ng sta	tement	to	ind	icate	your	agr	eem	nen	t:
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Date: Apr.30 th , 2022
Your Name: Yuesong Pan
Manuscript Title: Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional
outcome after acute ischemic stroke
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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	No time limit for this item.	(QML20200501)	
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		Improvement and	
		Research (2020-1-2041)	
		Chinese Academy of	
		Medical Sciences	
		Innovation Fund for	
		Medical Sciences (2019-	
		I2M-5-029)	
		Young Elite Scientist	
		Sponsorship Program from	
		China Association for	

		Science and Technology (2019QNRC001)	
		Beijing Tiantan Hospital, Capital Medical University (2018-YQN-1, 2020MP01)	
		Beijing Outstanding Young Scientist Program (No. BJJWZYJH0120191002503 0)	
		Time from a mark	26
2	Grants or contracts from	Time frame: past X None	36 months
۷	any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X None	
3	Noyalties of necrises	<u>A</u> None	
4	Consulting fees	X None	
4	Consulting rees	<u>X</u> None	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or	<u>X</u> None	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	<u> </u>	
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services		

13	Other financial or non-	<u>X</u> None	
	financial interests		

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Please place an "X"	next to the f	ollowing statemer	nt to indicate	your agreement:
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Date: <u>Apr.30th, 2022</u>
Your Name: Mengxing Wang
Manuscript Title: Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional
outcome after acute ischemic stroke
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)
		Time frame: Since the initial	planning of the work
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		Young Elite Scientist Sponsorship Program from China Association for Science and Technology (2019QNRC001) Beijing Tiantan Hospital, Capital Medical University (2018-YQN-1, 2020MP01) Beijing Outstanding Young	
		Scientist Program (No. BJJWZYJH0120191002503 0)	
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	30 months
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	<u>X</u> None	
11	group, paid or unpaid	V. None	
11	Stock or stock options	<u>X</u> None	
12		V None	
12		<u>X</u> None	

	Receipt of equipment,		
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u> None	
	financial interests		

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

Date: Apr.30 th , 2022
Your Name: Hao Li
Manuscript Title: Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional
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Manuscript number (if known):

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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.	National Natural Science Foundation of China (81901177, 81825007) Beijing Hospitals Authority Youth Programme (QML20200501) Capital's Funds for Health Improvement and Research (2020-1-2041) Chinese Academy of Medical Sciences	
		Innovation Fund for	

		Medical Sciences (2019- I2M-5-029) Young Elite Scientist Sponsorship Program from China Association for Science and Technology (2019QNRC001) Beijing Tiantan Hospital, Capital Medical University (2018-YQN-1, 2020MP01) Beijing Outstanding Young	
		Scientist Program (No. BJJWZYJH0120191002503 0)	
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	
5	Payment or honoraria for	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
-		X None	
6	Payment for expert testimony	<u>X</u> None	
	testimony		
7	Support for attending	<u>X</u> None	
	meetings and/or travel	<u></u>	
0	Patents planned, issued or	V None	
8	pending	<u>X</u> None	
	Penulig		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	_A_NONE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
	,		

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	<u>X</u> None	

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Your Name: Yilong Wang
Manuscript <u>Title</u> : <u>Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional</u>
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	
5	Payment or honoraria for	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
-		X None	
6	Payment for expert testimony	<u>X</u> None	
	testimony		
7	Support for attending	<u>X</u> None	
	meetings and/or travel	<u></u>	
0	Patents planned, issued or	V None	
8	pending	<u>X</u> None	
	Penulig		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	_A_NONE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
	,		

12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	
	writing, gifts or other services		
13	Other financial or non- financial interests	<u>X</u> None	

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

Date: <u>Apr.30th, 2022</u>
Your Name: Yongjun Wang
Manuscript Title: Association of PCSK9 levels and genetic polymorphisms with stroke recurrence and functional
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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)
		Time frame: Since the initial	planning of the work
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6	Payment for expert	X None	
	testimony		
	C		
7	Support for attending meetings and/or travel	<u>X</u> None	
	medings and, or traver		
8	Patents planned, issued or	<u>X</u> None	
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9	Participation on a Data	X None	
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10	Leadership or fiduciary role	<u>X</u> None	
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