

ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: Mengqi Lin

Manuscript Title: Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

The author's relationships/activities/interests should be defined broadly. 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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Nengzhi Xia]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Ru Lin]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: [Liuhui Xu]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

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Date: 4/14/2023

Your Name: [Yongchun Chen]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Jiafeng Zhou]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Boli Lin]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Kuikui Zheng]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Hao Wang]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: Xiufen Jia

Manuscript Title: Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Jinjin Liu]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 483 1516 583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 827 1516 928"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1045 1516 1146"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1264 1516 1365"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1482 1516 1583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Dongqin Zhu]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Chao Chen]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: [Yunjun Yang]

Manuscript Title: [Machine learning prediction model for rupture status of middle cerebral artery aneurysm in patients with hypertension: a Chinese multicenter study]

Manuscript Number (if known): Click or tap here to enter text.

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Your Name: Na Su

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