

ICMJE DISCLOSURE FORM

Date: Oct 12th, 2023

Your Name: Yanyan Wang

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

Manuscript number (if known): QJMS-23-820

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.	This work was supported by the Key Project of Medical Science Research of Hebei Province, China (No. 20230063).	
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	__X__None	
4	Consulting fees	__X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
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:

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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: Oct 12th, 2023

Your Name: Lin Zhao

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

Manuscript number (if known): QJMS-23-820

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ICMJE DISCLOSURE FORM

Date: Oct 12th, 2023

Your Name: Xiaolin Zhang

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

Manuscript number (if known): QJMS-23-820

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Date: Oct 12th, 2023

Your Name: Jun Zheng

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

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Date: Oct 12th, 2023

Your Name: Yanlu Geng

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

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ICMJE DISCLOSURE FORM

Date: Oct 12th, 2023

Your Name: Boyuan Huang

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

Manuscript number (if known): QJMS-23-820

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ICMJE DISCLOSURE FORM

Date: Oct 12th, 2023

Your Name: Teng Chen

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

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Date: Oct 12th, 2023

Your Name: Jing Qiang

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Date: Oct 12th, 2023

Your Name: Bo Liu

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

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Date: Oct 12th, 2023

Your Name: Lihong Zhang

Manuscript Title: Intracranial Aneurysm Rupture Risk in Northern China: a Retrospective Case-Control Study

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

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.