

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaoping	2. Surname (Last Name) Zhu	3. Date 29-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lanshu Zhou
5. Manuscript Title Stratification of venous thromboembolism risk in stroke patients by Caprini score		
6. Manuscript Identifying Number (if you know it) APM-19-166		

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Dr. Zhu has nothing to disclose.

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lanshu

2. Surname (Last Name)

Zhou

3. Date

29-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Stratification of venous thromboembolism risk in stroke patients by Caprini score

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Xiaobing

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Yin

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☒ No

Corresponding Author's Name

Lanshu Zhou

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