

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) xiaotan	2. Surname (Last Name) wu	3. Date 06-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name baoxin shi
5. Manuscript Title Care stress in caregivers of disabled stroke patients: a cross-sectional survey		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name)

yu

2. Surname (Last Name)

liang

3. Date

06-July-2020

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Yes

No

Corresponding Author's Name

baoxin shi

5. Manuscript Title

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1. Given Name (First Name)

haihua

2. Surname (Last Name)

zheng

3. Date

06-July-2020

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Yes

No

Corresponding Author's Name

baoxin shi

5. Manuscript Title

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hui

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wang

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baoxin shi

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baoxin

2. Surname (Last Name)
shi

3. Date
06-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Care stress in caregivers of disabled stroke patients: a cross-sectional survey

6. Manuscript Identifying Number (if you know it)

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. shi has nothing to disclose.

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