

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) Shumin	2. Surname (Last Name) Wang	3. Date 15-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jialing Wu
5. Manuscript Title Elevated high-sensitivity C-reactive protein levels predict poor outcomes among patients with acute cardioembolic stroke		
6. Manuscript Identifying Number (if you know it) APM-20-1927-R1		

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xuejing	2. Surname (Last Name) Song	3. Date 15-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jialing Wu
5. Manuscript Title Elevated high-sensitivity C-reactive protein levels predict poor outcomes among patients with acute cardioembolic stroke		
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1. Given Name (First Name) Yajing	2. Surname (Last Name) Wang	3. Date 15-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jialing Wu
5. Manuscript Title Elevated high-sensitivity C-reactive protein levels predict poor outcomes among patients with acute cardioembolic stroke		
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5. Manuscript Title Elevated high-sensitivity C-reactive protein levels predict poor outcomes among patients with acute cardioembolic stroke		
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Jangling

2. Surname (Last Name)
Wu

3. Date
15-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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