Date: 2021-04-15

**Your Name: Tinggang Wang** 

Manuscript Title: Effect of upper gastrointestinal bleeding on prognosis of middle-aged patients with acute ischemic

stroke: a retrospective study Manuscript number (if known):

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|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                              | None   |   |
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|   | medical writing, article                                 |  |   |
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|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                 | None   |   |
|   | any entity (if not indicated                             |  |   |
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| 3 | Royalties or licenses                                    | None   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | None   |   |
|   |  |  |   |

| 5  | Payment or honoraria for                          | None |
|----|---|------|
|    | lectures, presentations,                          |      |
|    | speakers bureaus,                                 |      |
|    | manuscript writing or                             |      |
|    | educational events                                |      |
| 6  | Payment for expert testimony                      | None |
|    | testimony   |      |
| 7  | Support for attending                             | None |
| ,  | meetings and/or travel                            | None |
|    | ,   |      |
|    |   |      |
| 8  | Patents planned, issued or                        | None |
|    | pending   |      |
| _  |   |      |
| 9  | Participation on a Data                           | None |
|    | Safety Monitoring Board or Advisory Board         |      |
| 10 | Leadership or fiduciary role                      | None |
| 10 | in other board, society,                          | None |
|    | committee or advocacy                             |      |
|    | group, paid or unpaid                             |      |
| 11 | Stock or stock options                            | None |
|    |   |      |
| 40 |   |      |
| 12 | Receipt of equipment,                             | None |
|    | materials, drugs, medical writing, gifts or other |      |
|    | services  |      |
| 13 | Other financial or non-                           | None |
|    | financial interests                               |      |
|    |   |      |
|    |   |      |

| NI         |                 |                   | • •            |                  |
|------------|-----------------|-------------------|----------------|------------------|
| Please sum | imarize the abo | ive conflict of i | interest in th | e following box: |

| The author has no conflicts of interest to declare. |  |
|---|--|
|   |  |

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| Date | e: <b>202</b> 1 | L-04-1 | .5 |  |  |  |  |  |  |  |  | _ | _ |
|------|-----------------|--------|----|--|--|--|--|--|--|--|--|---|---|
|      |                 | _      |    |  |  |  |  |  |  |  |  |   |   |

Your Name: Dongxiao Zhu

Manuscript Title: Effect of upper gastrointestinal bleeding on prognosis of middle-aged patients with acute ischemic

stroke: a retrospective study Manuscript number (if known):

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| 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. | None   | planning or the work  |
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| 3 | Royalties or licenses   | None   |   |
| 4 | Consulting fees   | None   |   |

| 5  | Payment or honoraria for                     | None   |
|----|--|--------|
|    | lectures, presentations,                     |        |
|    | speakers bureaus,                            |        |
|    | manuscript writing or                        |        |
| _  | educational events                           |        |
| 6  | Payment for expert                           | None   |
|    | testimony                                    |        |
| 7  | Support for attending                        | None   |
| /  | meetings and/or travel                       | None   |
|    | meetings and or traver                       |        |
|    |  |        |
| 8  | Patents planned, issued or                   | None   |
|    | pending                                      |        |
|    |  |        |
| 9  | Participation on a Data                      | None   |
|    | Safety Monitoring Board or                   |        |
| 10 | Advisory Board  Leadership or fiduciary role | None   |
| 10 | in other board, society,                     | None   |
|    | committee or advocacy                        |        |
|    | group, paid or unpaid                        |        |
| 11 | Stock or stock options                       | None   |
|    | ·  |        |
|    |  |        |
| 12 | Receipt of equipment,                        | None   |
|    | materials, drugs, medical                    |        |
|    | writing, gifts or other services             |        |
| 13 | Other financial or non-                      | None   |
| 13 | financial interests                          | Notice |
|    | inialida interests                           |        |
|    |  |        |

| The author has no conflicts of interest to declare. |  |
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|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                              | None   |   |
|   | manuscript (e.g., funding, provision of study materials, |  |   |
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|   | No time limit for this item.                             |  |   |
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|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | None   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | None   |   |
|   |  |  |   |

| 5  | Payment or honoraria for                     | None   |
|----|--|--------|
|    | lectures, presentations,                     |        |
|    | speakers bureaus,                            |        |
|    | manuscript writing or                        |        |
| _  | educational events                           |        |
| 6  | Payment for expert                           | None   |
|    | testimony                                    |        |
| 7  | Support for attending                        | None   |
| /  | meetings and/or travel                       | None   |
|    | meetings and or traver                       |        |
|    |  |        |
| 8  | Patents planned, issued or                   | None   |
|    | pending                                      |        |
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| 9  | Participation on a Data                      | None   |
|    | Safety Monitoring Board or                   |        |
| 10 | Advisory Board  Leadership or fiduciary role | None   |
| 10 | in other board, society,                     | None   |
|    | committee or advocacy                        |        |
|    | group, paid or unpaid                        |        |
| 11 | Stock or stock options                       | None   |
|    | ·  |        |
|    |  |        |
| 12 | Receipt of equipment,                        | None   |
|    | materials, drugs, medical                    |        |
|    | writing, gifts or other services             |        |
| 13 | Other financial or non-                      | None   |
| 13 | financial interests                          | Notice |
|    | inialida interests                           |        |
|    |  |        |

| The author has no conflicts of interest to declare. |  |
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Your Name: Chenyan Mu

Manuscript Title: Effect of upper gastrointestinal bleeding on prognosis of middle-aged patients with acute ischemic

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|   | any entity (if not indicated                             |  |   |
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| 3 | Royalties or licenses                                    | None   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | None   |   |
|   |  |  |   |

| 5  | Payment or honoraria for  | None |
|----|---|------|
|    | lectures, presentations,  |      |
|    | speakers bureaus,   |      |
|    | manuscript writing or   |      |
| _  | educational events  |      |
| 6  | Payment for expert  | None |
|    | testimony   |      |
| 7  | Support for attending   | None |
| /  | meetings and/or travel  | None |
|    | meetings and/or traver  |      |
|    |   |      |
| 8  | Patents planned, issued or  | None |
|    | pending   |      |
|    |   |      |
| 9  | Participation on a Data   | None |
|    | Safety Monitoring Board or  |      |
| 40 | Advisory Board  |      |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | None |
|    |   |      |
|    | group, paid or unpaid   |      |
| 11 | Stock or stock options  | None |
| _  |   |      |
|    |   |      |
| 12 | Receipt of equipment,   | None |
|    | materials, drugs, medical   |      |
|    | writing, gifts or other   |      |
| 12 | services  | Nege |
| 13 | Other financial or non-<br>financial interests                              | None |
|    | imancial interests  |      |
|    |   |      |

| The author has no conflicts of interest to declare. |  |  |
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|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                              | None   |   |
|   | manuscript (e.g., funding, provision of study materials, |  |   |
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|   | No time limit for this item.                             |  |   |
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| 2 | Grants or contracts from                                 | None   |   |
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|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | None   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | None   |   |
|   |  |  |   |

| 5  | Payment or honoraria for  | None |
|----|---|------|
|    | lectures, presentations,  |      |
|    | speakers bureaus,   |      |
|    | manuscript writing or   |      |
| _  | educational events  |      |
| 6  | Payment for expert  | None |
|    | testimony   |      |
| 7  | Support for attending   | None |
| /  | meetings and/or travel  | None |
|    | meetings and/or traver  |      |
|    |   |      |
| 8  | Patents planned, issued or  | None |
|    | pending   |      |
|    |   |      |
| 9  | Participation on a Data   | None |
|    | Safety Monitoring Board or  |      |
| 40 | Advisory Board  |      |
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|    |   |      |
|    | group, paid or unpaid   |      |
| 11 | Stock or stock options  | None |
| _  |   |      |
|    |   |      |
| 12 | Receipt of equipment,   | None |
|    | materials, drugs, medical   |      |
|    | writing, gifts or other   |      |
| 12 | services  | Nege |
| 13 | Other financial or non-<br>financial interests                              | None |
|    | imancial interests  |      |
|    |   |      |

| The author has no conflicts of interest to declare. |  |  |
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stroke: a retrospective study Manuscript number (if known):

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| 1 | All support for the present                              | None   |   |
|   | manuscript (e.g., funding, provision of study materials, |  |   |
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|   | processing charges, etc.)                                |  |   |
|   | No time limit for this item.                             |  |   |
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|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                 | None   |   |
|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | None   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | None   |   |
|   |  |  |   |

| 5  | Payment or honoraria for  | None |
|----|---|------|
|    | lectures, presentations,  |      |
|    | speakers bureaus,   |      |
|    | manuscript writing or   |      |
| _  | educational events  |      |
| 6  | Payment for expert  | None |
|    | testimony   |      |
| 7  | Support for attending   | None |
| /  | meetings and/or travel  | None |
|    | meetings and/or traver  |      |
|    |   |      |
| 8  | Patents planned, issued or  | None |
|    | pending   |      |
|    |   |      |
| 9  | Participation on a Data   | None |
|    | Safety Monitoring Board or  |      |
| 40 | Advisory Board  |      |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | None |
|    |   |      |
|    | group, paid or unpaid   |      |
| 11 | Stock or stock options  | None |
| _  |   |      |
|    |   |      |
| 12 | Receipt of equipment,   | None |
|    | materials, drugs, medical   |      |
|    | writing, gifts or other   |      |
| 12 | services  | Nege |
| 13 | Other financial or non-<br>financial interests                              | None |
|    | imancial interests  |      |
|    |   |      |

| The author has no conflicts of interest to declare. |  |  |
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