

**ICMJE DISCLOSURE FORM**

Date: 8/26/2021

Your Name: Runhua Zhang

Manuscript Title: Sources of Hospital-level Variation in Functional Outcome after Acute Ischemic Stroke

Manuscript number (if known): APM-21-1860

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)
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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.

Ruohua Zhang



## ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Gaifen Liu

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*garfenliu*



## ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Yuesong Pan

Manuscript Title: Sources of Hospital-level Variation in Functional Outcome after Acute Ischemic Stroke

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*Yaesong Pan*



## ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Yong Jiang

Manuscript Title: Sources of Hospital-level Variation in Functional Outcome after Acute Ischemic Stroke

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*Yong Jiang*



## ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: XinYing Huang

Manuscript Title: Sources of Hospital-level Variation in Functional Outcome after Acute Ischemic Stroke

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*XIN YING HUANG.*



**ICMJE DISCLOSURE FORM**

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Your Name: Xia Meng

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Xia Meng



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*Zongjun Wang*



## ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Maigeng Zhou

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