

## ICMJJE DISCLOSURE FORM

**Date:** 2021-12.15

**Your Name:** Jiaming Liu

**Manuscript Title:** A Relationship between recurrent ischemic events in cerebrovascular disease and cytochrome P450 2C19 gene polymorphism on the basis of thrombelastography

**Manuscript number (if known):**

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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The author has no conflicts of interest to declare.

**Please place an "X" next to the following statement to indicate your agreement:**

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**Date:** 2021-12.15

**Your Name:** Yulong Zhao

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**Date:** 2021-12.15

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