

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Anna-Maija	2. Surname (Last Name) Lahti	3. Date 05-December-2017
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title A comment on hypertension and the after primary intracerebral haemorrha	,	

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



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Dr. Lahti has nothing to disclose.

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1. Given Name (Fi Seppo	rst Name)	2. Surname (Last Name) Juvela	3. Date 05-December-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Anna-Maija Lahti
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	ntifying Number (if you k	5	

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Are there any relevant conflicts of interest?		Yes
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	racerebral haemorrha htifying Number (if you k	-	

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4. Are you the corr	responding author?	Yes	✓ No	Corresponding Author's Name Anna-Maija Lahti	
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