## Change of Authorship Form

**(Must be completed and signed by ALL authors)**

Please check all that apply

✓ New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

_____Change in order of authorship.

_____An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

**Manuscript Number** 018857R1

**Manuscript Title** Polygenic Risk for Depression Increases Risk of Ischemic Stroke: from the Stro

**Former Authorship**

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

| **Print Name** | **Print Name** |
|---|---|
| Name (1) Sylvia Wassertheil-Smoller | Name (7) Ki Park |
| Name (2) Qibin Qi | Name (8) Joel Salinas |
| Name (3) Tushar Dave | Name (9) Erin Dunn |
| Name (4) Braxton Mitchell | Name (10) Enrique Leira |
| Name (5) Rebecca Jackson | Name (11) Jordan Smoller |
| Name (6) Simin Liu | Name (12) |

**New Authorship**

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

| | | |
|---|---|---|
| Name (1) Sylvia Wassertheil-Smoller | Signature | Date |
| Name (2) Qibin Qi | Signature Qibin Qi | Date 10-08-201 |
| Name (3) Tushar Dave | Signature | Date |
| Name (4) Braxton Mitchell | Signature | Date |
| Name (5) Rebecca Jackson | Signature | Date |
| Name (6) Simin Liu | Signature | Date |
| Name (7) Ki Park | Signature | Date |
| Name (8) Joel Salinas | Signature | Date |
| Name (9) Erin Dunn | Signature | Date |
| Name (10) Enrique Leira | Signature | Date |
| Name (11) Huichun Xu | Signature | Date |
| Name (12) Kathleen Ryan | Signature | Date |

**Please scan and email to stroke@strokeahajournal.org.**