

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 STROKE/2018/022330DR1

Manuscript Title Focal Cerebral Ischemia and Reperfusion Induce Brain Injury through $\alpha 2\delta$ -1-Bound NMDA Receptors

Former Authorship

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

Print Name

Name (1) Yi Luo
Name (2) Huijie Ma
Name (3) Jing-Jing Zhou
Name (4) Lingyong Li
Name (5) Shao-Rui Chen
Name (6) Lin Chen

Print Name

Name (7) Hui-Lin Pan
Name (8) _____
Name (9) _____
Name (10) _____
Name (11) _____
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) <u>Yi Luo</u>	Signature <u>Yi Luo</u>	Date <u>8/8/2018</u>
Name (2) <u>Huijie Ma</u>	Signature <u>Huijie Ma</u>	Date <u>8/8/2018</u>
Name (3) <u>Jing-Jing Zhou</u>	Signature <u>Jing-Jing Zhou</u>	Date <u>8/8/2018</u>
Name (4) <u>Lingyong Li</u>	Signature <u>Lingyong Li</u>	Date <u>8/8/18</u>
Name (5) <u>Shao-Rui Chen</u>	Signature <u>Shao-Rui Chen</u>	Date <u>8/8/18</u>
Name (6) <u>Jixiang Zhang</u>	Signature <u>Jixiang Zhang</u>	Date <u>8/8/18</u>
Name (7) <u>Lin Chen</u>	Signature <u>Lin Chen</u>	Date <u>8/8/18</u>
Name (8) <u>Hui-Lin Pan</u>	Signature <u>Hui-Lin Pan</u>	Date <u>8/8/18</u>
Name (9) _____	Signature _____	Date _____
Name (10) _____	Signature _____	Date _____
Name (11) _____	Signature _____	Date _____
Name (12) _____	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.