

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform	mation	
1. Given Name (First Name) Khalid	2. Surname (Last Name) Hanafy	3. Date 13-May-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Defining the Mechanism and Impact o	f Cerebral Hemorrhage-Induced P	yrexia
6. Manuscript Identifying Number (if you k	now it)	
	Consideration for Publication	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, data moni	party (government, commercial, private foundation, etc.) for toring board, study design, manuscript preparation,
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Section 3. Relevant financial	activities outside the submit	ited work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ribed in the instructions. Use one I port relationships that were pres	ou have financial relationships (regardless of amount ine for each entity; add as many lines as you need by ent during the 36 months prior to publication.
Are there any relevant conflicts of inter	rest? Yes V No	
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Do you have any patents, whether plan	nned, pending or issued, broadly r	elevant to the work? Yes V No



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