

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/2020/034093 _____

Manuscript Title Metabolic traits and stroke risk in individuals of African ancestry: Mendelian randomization analysis

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) Segun Fatumo
 Name (2) Ville Karhunen
 Name (3) Tinashe Chikowore
 Name (4) Toure Sounkou
 Name (5) Brenda Udosen
 Name (6) Chisom Ezenwa

Print Name

Name (7) Mariam Nakabuye
 Name (8) Opeyemi Soremekun
 Name (9) Iyas Daghlas
 Name (10) David K. Ryan
 Name (11) Amybel Taylor
 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>Segun Fatumo</u>	Signature <u></u>	Date <u>10/02/2021</u>
Name (2) <u>Ville Karhunen</u>	Signature _____	Date _____
Name (3) <u>Tinashe Chikowore</u>	Signature <u></u>	Date <u>10/02/2021</u>
Name (4) <u>Toure Sounkou</u>	Signature _____	Date <u>11/02/2021</u>
Name (5) <u>Brenda Udosen</u>	Signature _____	Date <u>11/02/2021</u>
Name (6) <u>Chisom Ezenwa</u>	Signature <u></u>	Date <u>10/02/2021</u>
Name (7) <u>Mariam Nakabuye</u>	Signature _____	Date <u>2/10/2021</u>
Name (8) <u>Opeyemi Soremekun</u>	Signature <u></u>	Date <u>10/02/2021</u>
Name (9) <u>Iyas Daghlas</u>	Signature _____	Date _____
Name (10) <u>David K. Ryan</u>	Signature _____	Date _____
Name (11) <u>Amybel Taylor</u>	Signature _____	Date _____
Name (12) <u>Amy M. Mason</u>	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.