

ICMJE DISCLOSURE FORM

Date: Apr. 21th, 2021
 Your Name: Kehua Quan
 Manuscript Title: Neutrophil to Lymphocyte Ratio and Adverse Clinical Outcomes in Patients with Ischemic Stroke
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		National Science and Technology Major Project (2017ZX09304018)	
Time frame: past 36 months			
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4	Consulting fees	<u> X </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
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Date: Apr. 21th, 2021
 Your Name: Anxin Wang
 Manuscript Title: Neutrophil to Lymphocyte Ratio and Adverse Clinical Outcomes in Patients with Ischemic Stroke
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Date: Apr. 21th, 2021
 Your Name: Xiaoli Zhang
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ICMJE DISCLOSURE FORM

Date: Apr. 21th, 2021
 Your Name: Xia Meng
 Manuscript Title: Neutrophil to Lymphocyte Ratio and Adverse Clinical Outcomes in Patients with Ischemic Stroke
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Date: Apr. 21th, 2021
 Your Name: Pan Chen
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