

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Siliang

2. Surname (Last Name)
Chen

3. Date
07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yuehong Zheng

5. Manuscript Title

Identification and validation of key genes mediating intracranial aneurysm rupture by WGCNA

6. Manuscript Identifying Number (if you know it)

ATM-20-4083

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name)
Dan

2. Surname (Last Name)
Yang

3. Date
07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yuehong Zheng

5. Manuscript Title

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1. Given Name (First Name)

Bao

2. Surname (Last Name)

Liu

3. Date

07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yuehong Zheng

5. Manuscript Title

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ATM-20-4083

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Lei

2. Surname (Last Name)
Wang

3. Date
07-July-2020

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Yes No

Corresponding Author's Name
Yuehong Zheng

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2. Surname (Last Name)
Ye

3. Date
07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yuehong Zheng

5. Manuscript Title

Identification and validation of key genes mediating intracranial aneurysm rupture by WGCNA

6. Manuscript Identifying Number (if you know it)

ATM-20-4083

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Changwei	2. Surname (Last Name) Liu	3. Date 07-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yuehong Zheng
5. Manuscript Title Identification and validation of key genes mediating intracranial aneurysm rupture by WGCNA		
6. Manuscript Identifying Number (if you know it) ATM-20-4083		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Leng	2. Surname (Last Name) Ni	3. Date 07-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yuehong Zheng
5. Manuscript Title Identification and validation of key genes mediating intracranial aneurysm rupture by WGCNA		
6. Manuscript Identifying Number (if you know it) ATM-20-4083		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)

Xiaobo

2. Surname (Last Name)

Zhang

3. Date

07-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Yuehong Zheng

5. Manuscript Title

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2. Surname (Last Name)
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