ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Dorji                     | Harnod                 | 2020/03/20 |

4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author's Name
Chia-Hung Kao

5. Manuscript Title
Poststroke Parkinsonism associates with an increased mortality risk in patients

6. Manuscript Identifying Number (if you know it)
ATM-19-4054

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Dr. Harnod has nothing to disclose.

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1. Given Name (First Name)  
   Tomor

2. Surname (Last Name)  
   Harnod

3. Date  
   19-March-2020

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Chia-Hung Kao

5. Manuscript Title  
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Cheng-Li

2. **Surname (Last Name)**
   - Lin

3. **Date**
   - 18-March-2020

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Poststroke parkinsonism associates with an increased mortality risk in patients

6. **Manuscript Identifying Number (if you know it)**
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### Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. **Given Name (First Name)** Chung Y.
2. **Surname (Last Name)** Hsu
3. **Date** 19-March-2020
4. Are you the corresponding author? Yes [ ] No [x]
5. **Manuscript Title** Poststroke parkinsonism associates with an increased mortality risk in patients
6. **Manuscript Identifying Number (if you know it)** ATM-19-4054

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