

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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) Min 2. Surname (Last Name) Li 3. Date 18-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Min Yang, Fei Hua

5. Manuscript Title
MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy

6. Manuscript Identifying Number (if you know it)
ATM-20-6989

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
the Changzhou Health Commission youth talent Science and Technology project	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QN201907

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Section 6. Disclosure Statement

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Dr. Li reports grants from the Changzhou Health Commission youth talent Science and Technology project, during the conduct of the study; .

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1. Given Name (First Name) Weijie	2. Surname (Last Name) Ni	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Yang, Fei Hua
5. Manuscript Title MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy		
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Dr. Ni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mengyu	2. Surname (Last Name) Zhang	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Yang, Fei Hua
5. Manuscript Title MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy		
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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name) Shusu	2. Surname (Last Name) Liu	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Yang, Fei Hua
5. Manuscript Title MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy		
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiwei	2. Surname (Last Name) Hong	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Yang, Fei Hua
5. Manuscript Title MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy		
6. Manuscript Identifying Number (if you know it) ATM-20-6989		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hong has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yubo

2. Surname (Last Name)

Ma

3. Date

18-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Min Yang, Fei Hua

5. Manuscript Title

MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy

6. Manuscript Identifying Number (if you know it)

ATM-20-6989

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Dr. Ma has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xinyang	2. Surname (Last Name) Yu	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Yang, Fei Hua
5. Manuscript Title MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy		
6. Manuscript Identifying Number (if you know it) ATM-20-6989		

Section 2. The Work Under Consideration for Publication

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Dr. Yu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Weilang

2. Surname (Last Name)

Wang

3. Date

18-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Min Yang, Fei Hua

5. Manuscript Title

MicroRNA-30/Cx43 axis contributes to podocyte injury by regulating ER stress in diabetic nephropathy

6. Manuscript Identifying Number (if you know it)

ATM-20-6989

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Min

2. Surname (Last Name)
Yang

3. Date
18-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
ATM-20-6989

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
the project of Jiangsu provincial Health and Family Planning Commission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. KY2018105

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Dr. Yang reports grants from the project of Jiangsu provincial Health and Family Planning Commission, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Fei

2. Surname (Last Name)

Hua

3. Date

18-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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