

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Yunfei Chi

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| Time frame: Since the initial planning of the work | | | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | <u> </u> None | |
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| 7 | Support for attending meetings and/or travel | <u> </u> None | |
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| 8 | Patents planned, issued or pending | <u> </u> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
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| 11 | Stock or stock options | <u> </u> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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| 13 | Other financial or non-financial interests | <u> </u> None | |
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Please summarize the above conflict of interest in the following box:

Dr. Chi received funding support from Major Project of Military Logistical Support Department (ALB19J001).

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Xue Jiang

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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| 6 | Payment for expert testimony | <u> </u> None | |
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| 7 | Support for attending meetings and/or travel | <u> </u> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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| 13 | Other financial or non-financial interests | <u> </u> None | |
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Dr. Jiang received funding support from Major Project of Military Logistical Support Department (ALB19J001).

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Yang Chang

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Tian Liu

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Xiangyu Liu

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

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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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Jianxiang Huang

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Bin Wei

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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Please summarize the above conflict of interest in the following box:

Dr. Wei received funding support from Major Project of Military Logistical Support Department (ALB19J001).

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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Jinguang Zheng

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Xingxia Hao

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | <u> </u> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
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| 8 | Patents planned, issued or pending | <u> </u> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
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| 11 | Stock or stock options | <u> </u> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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| 13 | Other financial or non-financial interests | <u> </u> None | |
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Please summarize the above conflict of interest in the following box:

Dr. Hao received funding support from Major Project of Military Logistical Support Department (ALB19J001).

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Hailiang Bai

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

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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| 7 | Support for attending meetings and/or travel | <u> </u> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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| 13 | Other financial or non-financial interests | <u> </u> None | |
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Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Yirui Qu

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

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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| 13 | Other financial or non-financial interests | <u> </u> None | |
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Please summarize the above conflict of interest in the following box:

Dr. Qu received funding support from Major Project of Military Logistical Support Department (ALB19J001).

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Fangchao Hu

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Shaofang Han

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Qiushuang Wang

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Jiake Chai

Manuscript Title: Protective effect of restrictive resuscitation on vascular endothelial glycocalyx in pigs with traumatic hemorrhagic shock

Manuscript number (if known): _____

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