ICMJE DISCLOSURE FORM

Date: 2021/07/14
Your Name: Rongrong Jing
Manuscript Title: Protective effects of fucoidan purified from Undaria pinnatifida against UV-irradiated skin photoaging
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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|   | 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) |
|---|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------
|   | **Time frame: Since the initial planning of the work**                                             |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ___ X_ None                                                                       |
|   | **No time limit for this item.**                                                                   |                                                                                  |
|   |                                                                                                  |                                                                                  |
|   | **Time frame: past 36 months**                                                                    |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                          | ___ X_ None                                                                       |
| 3 | Royalties or licenses                                                                             | ___ X_ None                                                                       |
| 4 | Consulting fees                                                                                  | ___ X_ None                                                                       |
|   | **Conflict of Interest**                                                      |   |   |
|---|-----------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |   |
| 6 | Payment for expert testimony                                                | __X__ None |   |
| 7 | Support for attending meetings and/or travel                                | __X__ None |   |
| 8 | Patents planned, issued or pending                                          | __X__ None |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | __X__ None |   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |   |
|11 | Stock or stock options                                                       | __X__ None |   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__ None |   |
|13 | Other financial or non-financial interests                                  | __X__ None |   |

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

The author has no conflicts of interest to declare.

**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: 2021/07/14

Your Name: Keke Guo

Manuscript Title: Protective effects of fucoidan purified from *Undaria pinnatifida* against UV-irradiated skin photoaging

Manuscript number (if known): ______________________________

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ICMJE DISCLOSURE FORM

Date: 2021/07/14

Your Name: Yulan Zhong

Manuscript Title: Protective effects of fucoidan purified from Undaria pinnatifida against UV-irradiated skin photoaging

Manuscript number (if known): ________________________________

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   \[X\] None

6 Payment for expert testimony
   \[X\] None

7 Support for attending meetings and/or travel
   \[X\] None

8 Patents planned, issued or pending
   \[X\] None

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   \[X\] None

10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
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Date: 2021/07/14
Your Name: Lusheng Wang
Manuscript Title: Protective effects of fucoidan purified from *Undaria pinnatifida* against UV-irradiated skin photoaging
Manuscript number (if known): __________________________

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Date: 2021/07/14

Your Name: Junfang Zhao

Manuscript Title: Protective effects of fucoidan purified from Undaria pinnatifida against UV-irradiated skin photoaging

Manuscript number (if known): ________________________________

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Date: 2021/07/14
Your Name: Bingyan Gao
Manuscript Title: Protective effects of fucoidan purified from Undaria pinnatifida against UV-irradiated skin photoaging
Manuscript number (if known): ________________________________

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Date: _2021/07/14_

Your Name: Ziyi Ye

Manuscript Title: Protective effects of fucoidan purified from Undaria pinnatifida against UV-irradiated skin photoaging

Manuscript number (if known): ________________

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Time frame: Since the initial planning of the work

|   | Specifications/Comments |
|---|------------------------|
|   |                         |

Time frame: past 36 months

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|---|------------------------|
|   |                         |

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Date: 2021/07/14

Your Name: Yu Chen

Manuscript Title: Protective effects of fucoxidan purified from Undaria pinnatifida against UV-irradiated skin photoaging

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Date: 2021/07/14

Your Name: Xuenan Li

Manuscript Title: Protective effects of fucoidan purified from Undaria pinnatifida against UV-irradiated skin photoaging

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|---|:---:|---:|
| 5 |   | **X** | None |

|   | **Payment for expert testimony** |   |
|---|:---:|---:|
| 6 |   | **X** | None |

|   | **Support for attending meetings and/or travel** |   |
|---|:---:|---:|
| 7 |   | **X** | None |

|   | **Patents planned, issued or pending** |   |
|---|:---:|---:|
| 8 |   | **X** | None |

|   | **Participation on a Data Safety Monitoring Board or Advisory Board** |   |
|---|:---:|---:|
| 9 |   | **X** | None |

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| 10 |   | **X** | None |

|   | **Stock or stock options** |   |
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| 11 |   | **X** | None |

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| 12 |   | **X** | None |

|   | **Other financial or non-financial interests** |   |
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Date: 2021/07/14

Your Name: Nuo Xu

Manuscript Title: Protective effects of fucoidan purified from Undaria pinnatifida against UV-irradiated skin photoaging

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Date: 2021/07/14
Your Name: Xuan Xuan
Manuscript Title: Protective effects of fucoidan purified from *Undaria pinnatifida* against UV-irradiated skin photoaging
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