ICMJE DISCLOSURE FORM

Date: 2021-10-15
Your Name: Jiayi Huang
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway
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.

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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) |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _√_ None |
|   | **Time frame: Since the initial planning of the work**              |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _√_ None |
| 3 | Royalties or licenses                                              | _√_ None |
| 4 | Consulting fees                                                   | _√_ None |
|   | Description                                                                                     | Option 1 | Option 2 | Option 3 |
|---|------------------------------------------------------------------------------------------------|----------|----------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _✓_ None |          |          |
| 6 | Payment for expert testimony                                                                    | _✓_ None |          |          |
| 7 | Support for attending meetings and/or travel                                                    | _✓_ None |          |          |
| 8 | Patents planned, issued or pending                                                               | _✓_ None |          |          |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | _✓_ None |          |          |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _✓_ None |          |          |
| 11| Stock or stock options                                                                           | _✓_ None |          |          |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | _✓_ None |          |          |
| 13| Other financial or non-financial interests                                                       | _✓_ None |          |          |

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

None.

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

_✓_ 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: 2021-10-15
Your Name: Chunshuai Wu
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway
Manuscript number (if known): ____________________________

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _ √ _ None |
| 11 | Stock or stock options | _ √ _ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _ √ _ None |
| 13 | Other financial or non-financial interests | _ √ _ None |

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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: 2021-10-15
Your Name: Guanhua Xu
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway
Manuscript number (if known): ________________________________

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| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | _ _ √ _ None                                                                       |
| 3 | Royalties or licenses                                                                            | _ _ √ _ None                                                                       |
| 4 | Consulting fees                                                                                 | _ _ √ _ None                                                                       |
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|---|---|---|
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _ √ _ None |
| 13 | Other financial or non-financial interests | _ √ _ None |

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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: 2021-10-15
Your Name: Yue Sun
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway
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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|   | No time limit for this item.                                    |                                                                                  |
|   |                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _ √ _ None                                                                      |
| 3 | Royalties or licenses                                           | _ √ _ None                                                                      |
| 4 | Consulting fees                                                | _ √ _ None                                                                      |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict of Interest |
|---|---------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | √ None |
| 6 | Payment for expert testimony | √ None |
| 7 | Support for attending meetings and/or travel | √ None |
| 8 | Patents planned, issued or pending | √ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | √ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | √ None |
| 11 | Stock or stock options | √ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | √ None |
| 13 | Other financial or non-financial interests | √ None |

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None.

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Date: 2021-10-15
Your Name: Chao Gui
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway
Manuscript number (if known): __________________________________________________________

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Time frame: Since the initial planning of the work

2 | Grants or contracts from any entity (if not indicated in item #1 above). | _ _ √ _ None |

3 | Royalties or licenses | _ _ √ _ None |

4 | Consulting fees | _ _ √ _ None |

Time frame: past 36 months
|   |                                                                 |   |   |
|---|------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers    |   |   |
|   | bureaus, manuscript writing or educational events               |   |   |
| 6 | Payment for expert testimony                                    |   |   |
| 7 | Support for attending meetings and/or travel                    |   |   |
| 8 | Patents planned, issued or pending                              |   |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory     |   |   |
|   | Board                                                           |   |   |
| 10| Leadership or fiduciary role in other board, society, committee |   |   |
|   | or advocacy group, paid or unpaid                                |   |   |
| 11| Stock or stock options                                         |   |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  |   |   |
|   | or other services                                               |   |   |
| 13| Other financial or non-financial interests                       |   |   |

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None.

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Date: 2021-10-15  
Your Name: Jiawei Fu  
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway  
Manuscript number (if known):  

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|      | No time limit for this item.                                                                    |                                                                                  |

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                      | _√_ None                                                                          |
| 3    | Royalties or licenses                                                                          | _√_ None                                                                          |
| 4    | Consulting fees                                                                                | _√_ None                                                                          |

| Time frame: past 36 months |


|   | Conflict of Interest                                      | None |
|---|----------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations,       |      |
|   | speakers bureaus, manuscript writing or educational     |      |
|   | events                                                  |      |
| 6 | Payment for expert testimony                            |      |
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|   | committee or advocacy group, paid or unpaid             |      |
| 11| Stock or stock options                                  |      |
| 12| Receipt of equipment, materials, drugs, medical writing |      |
|   | gifts or other services                                  |      |
| 13| Other financial or non-financial interests               |      |

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ICMJE DISCLOSURE FORM

Date: 2021-10-15
Your Name: Zhiming Cui
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway
Manuscript number (if known): 

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|   | Description                                                                 | ✓ None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ✓ None |
| 6 | Payment for expert testimony                                               | ✓ None |
| 7 | Support for attending meetings and/or travel                                | ✓ None |
| 8 | Patents planned, issued or pending                                         | ✓ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | ✓ None |
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Date: 2021-10-15
Your Name: Haiming Huang
Manuscript Title: The decreased expression of miR-429 in plasma exosomes after spinal cord injury inhibits neuronal apoptosis by mediating the PTEN/PI3K/Akt pathway
Manuscript number (if known): ____________________________________________

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