ICMJE DISCLOSURE FORM

Date: 2021-07-09
Your Name: Guopengwei

Manuscript Title: CYR61, regulated by miR-22-3p and MALAT1, promotes autophagy in the inflammatory model of HK-2 cell.
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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|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | ___None<br> | 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  |

Date:________2021-07-09________________________________________________________
Your Name:________Guopengwei________________________________________________
Manuscript number (if known): ____________________________________________________________________
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 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:

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

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Your Name: _______ mayanfei________________________________________________

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|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |

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|   |                                                                                                 |                                                                                   |
| 3 | Royalties or licenses                                                                             | __None                                                                            |
|   |                                                                                                 |                                                                                   |
| 4 | Consulting fees                                                                                  | __None                                                                            |
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|     | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
|   | Description                                                                 | None |
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| 4 | Consulting fees                                                                                  | ____None                                                                            |                                                                                  |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
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