ICMJE DISCLOSURE FORM

Date: ____2021-03-15______________________________

Your Name: ___Yunfei Chi______________________________

Manuscript Title: __A narrative review of changes in microvascular permeability after burn_________________

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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|   | _None |
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| 3 | Royalties or licenses | _None |
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|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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:

Dr. Chi has nothing to disclose.

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.
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Date: ___2021-03-15______________________________
Your Name: ___Xiangyu Liu______________________________
Manuscript Title: ___A narrative review of changes in microvascular permeability after burn_____________________
Manuscript number (if known): ________________________________

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| Time frame: past 36 months |
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|   | Description | Answer |
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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 |
| 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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Please place an “X” next to the following statement to indicate your agreement:

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Date: 2021-03-15

Your Name: Jiake Chai

Manuscript Title: A narrative review of changes in microvascular permeability after burn

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|   | **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.) | _√_ None                                                                         |
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| 4 | Consulting fees                                                                             | _√_ None                                                                         |
|   | Description                                                                 | None |   |
|---|-----------------------------------------------------------------------------|------|---|
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|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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