

ICMJE DISCLOSURE FORM

Date: 2022/9/5

Your Name: Huanan Jia

Manuscript Title: Immunosenescence is a therapeutic target for frailty in older adults

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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None.

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

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Date: 2022/9/5

Your Name: Wei Huang

Manuscript Title: Immunosenescence is a therapeutic target for frailty in older adults

Manuscript number (if known): _____

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Date: 2022/9/5

Your Name: Chuanfeng Liu

Manuscript Title: **Immunosenescence is a therapeutic target for frailty in older adults**

Manuscript number (if known): _____

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Date: 2022/9/5

Your Name: Shiyu Tang

Manuscript Title: Immunosenescence is a therapeutic target for frailty in older adults

Manuscript number (if known): _____

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Date: 2022/9/5

Your Name: Jing Zhang

Manuscript Title: **Immunosenescence is a therapeutic target for frailty in older adults**

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Date: 2022/9/5

Your Name: Chongli Chen

Manuscript Title: **Immunosenescence is a therapeutic target for frailty in older adults**

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Date: 2022/9/5

Your Name: Yuan Tian

Manuscript Title: **Immunosenescence is a therapeutic target for frailty in older adults**

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Your Name: Wen Zhong

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