Date:_2022-12-17	
Your Name: Ming-Xi Zhu	the specific section of the section
Tour Name: Willig-XI Zhu	
Manuscript Title: Knowledge n	napping of research on the mitochondrial unfolded protein response: a bibliometric and
visual analysis	
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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		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		
-	consuming rees			
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
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7	Cupport for attending	None		
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	meetings and/or travel			
8	Patents planned, issued or	None		
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0	Participation on a Data	None		
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	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
42	Other financial or non-	Maria		
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	financial interests			
Ple	ease summarize the above o	onflict of interest in th	ne following box:	
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Ple	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

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Date2022-12-17	
Your Name: Si-Qi Sun	孙晃旗
	e mapping of research on the mitochondrial unfolded protein response: a bibliometric and
Manuscript number (if known	i):

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	lectures, presentations,			
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7	Cupport for attending	None		
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form.

Date: <u>_2022-12-17</u>	1	
	独和邓	
Your Name: <u>G</u>	Gui-Bo Fan	
Manuscript Title:	_ Knowledge mapping of research on the mitochondrial unfolded protein response: a biblion	metric and
visual analysis		

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3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
5	lectures, presentations,	None	
	speakers bureaus,		
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7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	None	
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Ple	ease summarize the above o	onflict of interest in the fo	lowing box:
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Date: 2022-12-17		
Your Name: A-Yang Zhao	5× 3/9 3/0	
Manuscript Title:_ Knowledge m	pping of research on the mitochondrial unfolded protein response: a bibliometr	ric and
visual analysis	· · · · · · · · · · · · · · · · · · ·	
Manuscript number (if known):_		

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3	Royalties or licenses	None	
4	Consulting fees	None	

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J	lectures, presentations,	None	
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	manuscript writing or		
	educational events		
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7	Support for attending	None	
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8	Patents planned, issued or	None	
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
	None.		
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Date: <u>2022-12-1</u>	./					
Your Name:	Xing Niu	井 窟主				
Manuscript Title	:_ Knowledge n	napping of researc	h on the mitocho	ndrial unfolded	protein response	e: a bibliometric and
visual analysis						
Manuscript num	ber (if known):					

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
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10	Leadership or fiduciary role	None		
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11	Stock or stock options	None		
12	Receipt of equipment,	None		
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Ple	ease summarize the above c	onflict of interest in the f	following box:	
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Date:_2022-12-17	
Your Name: si-hua Qi	成这年
Manuscript Title: Knowledg	e mapping of research on the mitochondrial unfolded protein response: a bibliometric and
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7	Support for attending	None	
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	Advisory Board		
10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
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13	Other financial or non-	None	
	financial interests		
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Date:_2022-12-17		
Your Name: <u>li yan</u> ***		
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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations,	None			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
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7	Support for attending meetings and/or travel	None			
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8	Patents planned, issued or	None			
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9	Participation on a Data	None			
	Safety Monitoring Board or				
10	Advisory Board Leadership or fiduciary role	None			
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	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Descipt of antique ant	Mana			
12	Receipt of equipment, materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
ı	None.				