Date:May. 2 <sup>nd</sup> 2022	
Your Name:Yue Shen	
Manuscript Title: Mitochondrial Dynamics in Neurological Diseases: A Narrative Review	
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	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	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	
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12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	ease summarize the above convergence	onflict of interest in the f	ollowing box:

Date: May. 2 <sup>nd</sup> 2	2022
Your Name:	Wen-Li Jiang
Manuscript Title: Mit	ochondrial Dynamics in Neurological Diseases:A Narrative Review
Manuscript number (	if known):
In the interest of tran	sparency, we ask you to disclose all relationships/activities/interests listed below that are
related to the conten	t of your manuscript. "Related" means any relation with for-profit or not-for-profit third
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3	Royalties or licenses	None	
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	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	None	
O	testimony	None	
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	IVOIIC	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Pl	ease summarize the above c	onflict of interest in the	e following box:
	None		

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Yo	te: May. 2 <sup>nd</sup> 2022 ur Name: Xin Li_ nuscript Title: Mitochondri		al Diseases: A Narrative Review
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		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)
		Time frame: Since the initia	al planning of the work
L	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		

Time frame: past 36 months

None

None

None

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in item #1 above).
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Consulting fees

any entity (if not indicated

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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	None	
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7	Support for attending meetings and/or travel	None	
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10	Leadership or fiduciary role	None	
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	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Pl	ease summarize the above c	onflict of interest in the	e following box:
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Your Name:				
Manuscript Title: Mito	ochondrial Dynamic	s in Neurological Diseas	es:A Narrative Review	
Manuscript number (i	f known):			

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	manuscript writing or		
6	educational events Payment for expert	None	
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	IVOIIC	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Pl	ease summarize the above c	onflict of interest in the	e following box:
	None		

Date: May. 2 <sup>nd</sup> 2022	ICMJE DISCLOSURE FORM				
Your Name:Dan Li				May. 2 <sup>nd</sup> 2022	Dat
In the interest of transparency, we ask you to disclose all relationships/activities/irelated to the content of your manuscript. "Related" means any relation with forparties whose interests may be affected by the content of the manuscript. Disclos to transparency and does not necessarily indicate a bias. If you are in doubt abour relationship/activity/interest, it is preferable that you do so.  The following questions apply to the author's relationships/activities/interests as manuscript only.  The author's relationships/activities/interests should be defined broadly. For example, the epidemiology of hypertension, you should declare all relationships with manuscript.  In item #1 below, report all support for the work reported in this manuscript with the time frame for disclosure is the past 36 months.  Name all entities with whom you have this Specifications/Comments (e.g., if payments were means).				Name:Dan Li_	Υοι
In the interest of transparency, we ask you to disclose all relationships/activities/irelated to the content of your manuscript. "Related" means any relation with forparties whose interests may be affected by the content of the manuscript. Disclos to transparency and does not necessarily indicate a bias. If you are in doubt abou relationship/activity/interest, it is preferable that you do so.  The following questions apply to the author's relationships/activities/interests as manuscript only.  The author's relationships/activities/interests should be defined broadly. For example to the epidemiology of hypertension, you should declare all relationships with manufication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript with the time frame for disclosure is the past 36 months.  Name all entities with whom you have this  Specifications/Comments (e.g., if payments were means).	<u>riew</u>	Diseases:A Narrat	al Dynamics in Neurologica	script Title: <u>Mitochondri</u>	Ma
related to the content of your manuscript. "Related" means any relation with forparties whose interests may be affected by the content of the manuscript. Disclos to transparency and does not necessarily indicate a bias. If you are in doubt about relationship/activity/interest, it is preferable that you do so.  The following questions apply to the author's relationships/activities/interests as manuscript only.  The author's relationships/activities/interests should be defined broadly. For example, the epidemiology of hypertension, you should declare all relationships with manuscript, when you have this specifications/Comments whom you have this specifications/Comments (e.g., if payments were means).			):	script number (if known	Ma
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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		<b>T</b> : <b>6</b>	26
		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	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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	
	ase summarize the above c	onflict of interest in the	following box:

Date: May. 2 <sup>nd</sup> 2022
Your Name:Shang-Ze Li
Manuscript Title: Mitochondrial Dynamics in Neurological Diseases: A Narrative Review
Manuscript number (if known):

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	Name all entities with	Specifications/Comments		
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	Time frame: past	36 months		

Grants or contracts from

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any entity (if not indicated

None

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5	Payment or honoraria for lectures, presentations,	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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	
	ase summarize the above c	onflict of interest in the	following box:

Da	te: May. 2 <sup>nd</sup> 2022			
Your Name: Jiao Qian				
			al Diseases: A Narrative Review	-
	nuscript number (if known)			
In t	the interest of transparency	, we ask you to disclose al	I relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third	
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	e following questions apply inuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>	
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			all relationships with manufacturers of antihypertensiv	
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
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	No time limit for this item.			
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	None		