

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Junjie	2. Surname (Last Name) Sun	3. Date 25-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hualin Sun, Jianwei Zhu
5. Manuscript Title Global alternative splicing landscape of skeletal muscle atrophy induced by hindlimb unloading		
6. Manuscript Identifying Number (if you know it)		

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Dr. Sun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Hua

2. Surname (Last Name)

Yang

3. Date

25-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hualin Sun, Jianwei Zhu

5. Manuscript Title

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1. Given Name (First Name) Yuntian	2. Surname (Last Name) Shen	3. Date 25-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hualin Sun, Jianwei Zhu
5. Manuscript Title Global alternative splicing landscape of skeletal muscle atrophy induced by hindlimb unloading		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Shen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Fei	2. Surname (Last Name) Ding	3. Date 25-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hualin Sun, Jianwei Zhu
5. Manuscript Title Global alternative splicing landscape of skeletal muscle atrophy induced by hindlimb unloading		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaosong	2. Surname (Last Name) Gu	3. Date 25-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hualin Sun, Jianwei Zhu
5. Manuscript Title Global alternative splicing landscape of skeletal muscle atrophy induced by hindlimb unloading		
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jianwei

2. Surname (Last Name)

Zhu

3. Date

25-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Global alternative splicing landscape of skeletal muscle atrophy induced by hindlimb unloading

6. Manuscript Identifying Number (if you know it)

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Hualin

2. Surname (Last Name)

Sun

3. Date

25-October-2020

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