Date: 1/03/2)
Your Name: Xin Gons
Manuscript Title: Electroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the
Notch signaling pathway via the H19/EZH2 axis
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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.)  No time limit for this item.	None	
Davy.		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	None		
	lectures, presentations,			
	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	<u>✓</u> 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		
42	D. I.I. f. I.I.	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	ease summarize the above o	onflict of interest in	the following box:	

I certify that I have answered every question and have not altered the wording of any of	the
questions on this form.	

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

Date: 2021. J. 29
Your Name: Yanghong Zou
Manuscript Title: Electroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the
Notch signaling pathway via the H19/EZH2 axis
Manuscript number (if known):

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N AV		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
,	Payment for expert	None	
	testimony		
,	Support for attending	None	
	meetings and/or travel	Vivolle	Y
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;	Patents planned, issued or	None	
	pending		
_	Participation on a Data	None	
	Safety Monitoring Board or	V Notice	
	Advisory Board		
0	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	None	
_	Stock of Stock op Holls		
2	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
.3	Other financial or non-	None	
	financial interests		
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Ple	ease summarize the above c	onflict of interest in the	following box:
Ple	ease summarize the above c	onflict of interest in the	following box:
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	I certify that I have answe	ered every question and	have not altered the wording of any of the
	I certify that I have answe questions on this form.	ered every question and	have not altered the wording of any of the bindicate your agreement:
	I certify that I have answe questions on this form.	ered every question and	have not altered the wording of any of the

Date: 2021 -} . 2	9
Your Name: Shi pt	ing Lī
Manuscript Title:	Nectroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the
Notch signaling pat	hway via the H19/EZH2 axis
Manuscript numbe	r (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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	是是多年的基础。 第二章	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.)  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	<u>√</u> None	

	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
	Payment for expert	None	
	testimony		
	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	
)	Participation on a Data	None	
0.07	Safety Monitoring Board or		
	Advisory Board		
LO	Leadership or fiduciary role	<u>✓_</u> None	-
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
2	services	None	
.3	Other financial or non- financial interests	None	
	illianciai interests		
PΙ	ease summarize the above o	conflict of interest in the	following box:
	I certify that I have answe questions on this form.	ered every question and	have not altered the wording of any of the
Pl	ease place an "X" next to the	e following statement to	indicate your agreement:
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PI			indicate your agreement: have not altered the wording of any of the questions o

Date:	75.6.400	
Your Na	ame: Jenli	Q;
Manus	cript Title:_	Electroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the
Notch s	ignaling pa	thway via the H19/EZH2 axis
Manuso	cript numbe	er (if known):

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		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	

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lership or fiduciary role ther board, society,	✓ None		
ıp, paid or unpaid			
k or stock options	None		
eipt of equipment, erials, drugs, medical ing, gifts or other ices	None		
er financial or non- ncial interests	None		
tify that I have answer	red every question an	id have not altered the wording of any of the	
	e following statement	to indicate your agreement:	
ti	fy that I have answer	immarize the above conflict of interest in the	fy that I have answered every question and have not altered the wording of any of the ons on this form.

Date: doll 5. と
Your Name: Cong Ting
Manuscript Title: <u>Electroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the</u>
Notch signaling pathway via the H19/EZH2 axis
Manuscript number (if known):

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All support for the present	None	parining or the work
manuscript (e.g., funding,		
medical writing, article		
processing charges, etc.)		
No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	Mone	
Royalties or licenses	<u></u> None	
Consulting fees	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  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.  Time frame: past  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	,	/	
7	Support for attending	None	
•	meetings and/or travel		· ·
	meetings and or traver		
		/	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u>✓</u> 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	
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 o	onflict of interest in the	tollowing box:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

Date: 7021.3.29
Your Name: Xi anggian Ding.
Manuscript Title: Electroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the
Notch signaling pathway via the H19/EZH2 axis
Manuscript number (if known):

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		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	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>✓</u> 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	
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 o	onflict of interest in the follo	wing box:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

Date: 302/, 5.29
Your Name: Janghui Li
Manuscript Title Electroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the
Notch signaling pathway via the H19/EZH2 axis
Manuscript number (if known):

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5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<u>√</u> None		
	testimony			
7	Support for attending	<u>✓</u> None		
	meetings and/or travel			
8	Patents planned, issued or	<u>√</u> None		
	pending			
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9	Participation on a Data	<u>✓</u> None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	<u>V</u> None		
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	committee or advocacy			
	group, paid or unpaid	1./		
11	Stock or stock options	None		
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12	Receipt of equipment,	<u>✓</u> None		
	materials, drugs, medical			
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13	Other financial or non-	None		
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Ple	ase summarize the above c	conflict of interest in the following box:		
	I certify that I have answe	ered every question and have not altered the wording of any of the		
	questions on this form.	red every question and have not affered the wording of any of the		
	questions on this form.			

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

Date: 202/ .3. 7	. P
Your Name: Hua	Lin Yu
Manuscript Title:_	Electroacupuncture promotes the recovery of rats with spinal cord injury by suppressing the
Notch signaling pa	thway via the H19/EZH2 axis
Manuscript number	er (if known):

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		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	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	None		
6	Payment for expert testimony	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
	<b>3</b>			
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		
	Stock of Stock options			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services	1./1		
13	Other financial or non- financial interests	None		
	miandal interests			
Please summarize the above conflict of interest in the following box:				
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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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