Date: _ wM. 6	20						
Your Name:	Wenfang	Pone					
Manuscript Title:	Vof16-miR-	205-Gnb3	3 axis regulate	s hippocampal ne	uron func	tions in cog	nitively impaired
diabetic rats		The second					
Manuscript numb	er (if known	:_ATM -	n- 2016				

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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 initi	al 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.	V None	
	也不是一个人的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Time frame: pas	et 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	TO STATE WITH THE STATE OF THE
		An agree of the Angel Care.	
	speakers bureaus,		
	manuscript writing or		
S.A.	educational events		
6	Payment for expert	√ None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
		73.0	
8			
8	Patents planned, issued or	_V_None	
	pending		
9	Participation on a Data Safety Monitoring Board or	_√ None	
10	Advisory Board	The World Control of the State	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	The Wall of the Control of the Contr
	Stock of Stock options	None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
		The state of the s	

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

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

 $\underline{\underline{X}}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 24.4.20	
Your Name: Boiin Xu	
Manuscript Title: Vof16-miR-205-Gnb3 ax	is regulates hippocampal neuron functions in cognitively impaired
diabetic rats	
Manuscript number (if known):ATM -2	1-2016

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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
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	
	2. 3. 14 K. P. P. E. E. E. C.	Time frame: pas	t 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	

		/	
	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
	Payment for expert testimony	None	
	Support for attending meetings and/or travel	None	
	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
.1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

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

Date: Voyl. V. W
Your Name: Xiao Xu Ge
Manuscript Title: Vof16-miR-205-Gnb3 axis regulates hippocampal neuron functions in cognitively impaired
diabetic rats ATM - 11- MIL
Manuscript number (if known): ATM - ທ - ານາ b

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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 initi	al 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: pas	t 36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	None	t 30 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	V None	
	lectures, presentations,	TOTAL STATE OF THE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony		
	Support for attending	_V_None	
	meetings and/or travel		
		TALLER TO THE STREET, AND A	
-			
	Patents planned, issued or	None	
	pending		
	Participation on a Data	/ N	
	Safety Monitoring Board or	None	
	Advisory Board		
0	Leadership or fiduciary role	None	
	in other board, society,	_v_none	
	committee or advocacy		
X	group, paid or unpaid		
1	Stock or stock options	None	
	D	The state of the s	
	Receipt of equipment, materials, drugs, medical	V_None	
	writing, gifts or other		
	services		
3	Other financial or non-	None	
	financial interests		
		A contract of the contract of	

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

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

Pate: $\gamma \mathcal{M}$. V . $\gamma \mathcal{M}$
our Name: Juan Du
Manuscript Title: Vof16-miR-205-Gnb3 axis regulates hippocampal neuron functions in cognitively impaired
liabetic rats
Manuscript number (if known): A7M - ソーンの タ

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
	<u>在广告,</u> 以《名》在《卷》	Time frame: Since the initi	al 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: pas	at 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	Principles African Switcher Springer Committee
lectures presentations	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	Constitution of the second sec	
	testimony	None	
	testimony		
7	S		
'	Support for attending	None	
	meetings and/or travel	2 Comment of the Comm	
8	Patents planned, issued or	None	
	pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or	_O_None	
	Advisory Board	1	
10	Leadership or fiduciary role		
	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11		THE COURT OF THE C	
	Stock or stock options	None	
		10.000 (A)	
2			
2	Receipt of equipment,	None	
	materials, drugs, medical		
JE"	writing, gifts or other		
1000	services		
13	Other financial or non-	None	
	financial interests		

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

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

Date:_ ンプ	1.4,20
Your Name:	Livaina Xi
Manuscript Title	: vof16-miR-205-Gnb3 axis regulates hippocampal neuron functions in cognitively impaired
diabetic rats	
Manuscript nun	ber (if known): 47M - レールル

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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
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: pas	t 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>↓ None</u>	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
5	Payment for expert	√ None	A SA
•	testimony	None	
	To all to the same of the same		
7	Support for attending	<u>√</u> None	
	meetings and/or travel		
		412 Table 1985	
8	Patents planned, issued or	None	
	pending		
9	Death and Death		
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		
1.1	group, paid or unpaid		
11	Stock or stock options	None	
	the chartes as		
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
-	services		
.3	Other financial or non- financial interests	None	
	illianciai interests		
St. A.			

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

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

Date:	2021. 4. 2r
_	me: Lili Xia
Manus	ript Title: Vof16-miR-205-Gnb3 axis regulates hippocampal neuron functions in cognitively impaire
diabeti	rats
Manus	ript number (if known): ATM - ントールル

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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 initi	al 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: pas	t 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,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony	None	
	,,,		
7	Support for attending	None	AND PROPERTY OF THE STATE OF TH
	meetings and/or travel	None	
	The strings array of the ver		
		A SERVICE AND A SERVICE	
_		1	
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		
11	group, paid or unpaid		
11	Stock or stock options	VNone	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services	↓	
13	Other financial or non-	None	
	financial interests		

I declare that I have no known competing financial interests influence the work reported in this paper	s or personal relationships that could have appeared to

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

Date: 72 1. 4. 70	
Your Name: Qiangian	Wang
Manuscript Title: Vof16-m	iR-2052Gnb3 axis regulates hippocampal neuron functions in cognitively impaired
diabetic rats	mpaner mpaner meaning in cognitivery impaner
Manuscript number (if know	wn): ATM-21-2016

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
	新世界等的企业的发展的企	Time frame: Since the initi	al 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: pas	t 36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	<u>✓ N</u> one	
3	Royalties or licenses	None	
4	Consulting fees	None	CHANGE CONTROL OF THE CONTROL OF SECURITY

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
	Payment for expert testimony	None	
	Support for attending meetings and/or travel	None	
	Patents planned, issued or pending	<u>✓ N</u> one	
	Participation on a Data Safety Monitoring Board or Advisory Board	None	
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper	,

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

ite: $\mathcal{W}\mathcal{N}$. \mathcal{Y} . \mathcal{W}
our Name: Shan Huan
anuscript Title: Vof16-miR 205-Gnb3 axis regulates hippocampal neuron functions in cognitively impaired
abetic rats
anuscript number (if known): $AT_{M} - \nu_{l} - \mathcal{M} \dot{b}$

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.

The following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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
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: pas	t 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	_V_None	

5	Payment or honoraria for	None	
	lectures, presentations,	Carlotte State of the State of	
	speakers bureaus,		
	manuscript writing or educational events		
2000	Payment for expert	V	
	testimony	None	
	testimony		
7	Support for attending	√ None	
	meetings and/or travel	IVOITE	
	Patents planned, issued or	√ None	
	pending		
	Participation on a Data Safety Monitoring Board or	None	
7	Advisory Board	/	
0	Leadership or fiduciary role	V_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	None	
•	Stock of stock options	None	
2	Receipt of equipment,	\/ None	
	materials, drugs, medical		
	writing, gifts or other	270431 -43	
	services		
3	Other financial or non-	None	
	financial interests	Production of the state of	

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper							

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