Date: __April 20th, 2021__

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You	r Name: <u>Min Chen</u>			
Mar	nuscript Title: Ghrelir	n attenuates drowning inj	ury via dual effects on damage protection and immune	
<u>rep</u> i	ession			
Mar	nuscript number (if known)	: ATM-21-	795-R1	
rela part tran	ted to the content of your lies whose interests may be	manuscript. "Related" me e affected by the content essarily indicate a bias. If	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment you are in doubt about whether to list a poso.	to
The <u>only</u>		to the author's relationsh	ips/activities/interests as they relate to the <u>current man</u>	<u>uscript</u>
the	•	ion, you should declare a	defined broadly. For example, if your manuscript pertaill relationships with manufacturers of antihypertensive the manuscript.	ns to
	em #1 below, report all sup time frame for disclosure is		ed in this manuscript without time limit. For all other ite	ms,
		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)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
	1 All support for the	X None		
	present manuscript (e.g.,			
	funding, provision of study			
	materials, medical writing,			
	article processing charges,			
	etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	X None		

3	Royalties or licenses	XNone
4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert	X_ None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data Safety Monitoring Board or	X None
	Advisory Board	
10	Leadership or fiduciary role	XNone
10	in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	X None
	Stock of Stock options	
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or	X None
	nonfinancial interests	

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	l None.		

lease 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 question form.					

Date: __April 20th, 2021_

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Your Name: Hongw	<u>/ei Lin</u>		
Manuscript Title:	Ghrelin attenuates drowning in	<u>jury via dual effects on damage protection and immune</u>	·
repression			
Manuscript number (if	f known): ATM-21	-795-R1	
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		Ill relationships/activities/interests listed below that are	3
	-	eans any relation with for-profit or not-for-profit third	
•		of the manuscript. Disclosure represents a commitmen	τ το
		f you are in doubt about whether to list a	
relationship/activity/i	nterest, it is preferable that you d	0 so.	
The following question	ns apply to the author's relationsh	nips/activities/interests as they relate to the current ma	nuscript
only.			
The author's relations	hins/activities/interests should he	e <u>defined broadly</u> . For example, if your manuscript perta	ains to
	•	Ill relationships with manufacturers of antihypertensive	
	at medication is not mentioned in	•	•
incurcation, even in the	at medication is not mentioned in	The manageripe.	
In itom #1 holow rong	art all support for the work report	ed in this manuscript without time limit. For all other it	toms
•		ed in this manuscript without time innit. For an other in	lems,
the time frame for disc	closure is the past 36 months.		
	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)	
	none (add rows as	,	
	needed)		
	Time frame: Since the init	ial planning of the work	
1 All support for th	ne X None	_	
present manuscrip			
funding, provision			
materials, medical	· ·		
article processing of	=		
etc.)			
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	Time frame: pa	st 36 months	
Grants or contracts	from X None		

3	Royalties or licenses	XNone
4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert	X_ None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data Safety Monitoring Board or	X None
	Advisory Board	
10	Leadership or fiduciary role	XNone
10	in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	X None
	Stock of Stock options	
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or	X None
	nonfinancial interests	

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	N1		
	l None.		

lease 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 question form.					

Date: <u>April 20th, 2021</u> Your Name: <u>Yanjun Gao</u>

	•	attenuates drowning inj	ury via dual effects on damage protection and immune	
	<u>ression</u> nuscript number (if known)	: ATM-21-	795-R1	
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rela par trar rela	ited to the content of your intest whose interests may be insparency and does not neclationship/activity/interest, in	manuscript. "Related" me e affected by the content essarily indicate a bias. If it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current man	t to
<u>onl</u>	у.			
the med In it	epidemiology of hypertens dication, even if that medication	ion, you should declare a ation is not mentioned in opport for the work reporte	defined broadly. For example, if your manuscript pertall relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as needed)	institution)	
		Time frame: Since the initi	al planning of the work	
	1 All support for the present manuscript (e.g.,	X None		
	funding, provision of study			
	materials, medical writing,			
	article processing charges,			
	etc.) No time limit for this item.			
	time initial time item.	Time frame: pas	at 36 months	
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2	Grants or contracts from	XNone		
	any entity (if not			

3	Royalties or licenses	XNone
4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert	X_ None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data Safety Monitoring Board or	X None
	Advisory Board	
10	Leadership or fiduciary role	XNone
10	in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	X None
	Stock of Stock options	
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or	X None
	nonfinancial interests	

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	N1		
	l None.		

lease 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 question form.					

Date:April 20 th , 2021			
Your Name: Zaiqiang	Wang		
Manuscript Title: Ghrelin	attenuates drowning inju	ury via dual effects on damage protection and immu	<u>ne</u>
repression			
Manuscript number (if known)	: ATM-21-	795-R1	
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related to the content of your iparties whose interests may be	manuscript. "Related" me affected by the content of essarily indicate a bias. If	I relationships/activities/interests listed below that ans any relation with for-profit or not-for-profit thin of the manuscript. Disclosure represents a commitme you are in doubt about whether to list a poso.	d
The following questions apply to only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	<u>manuscript</u>
the epidemiology of hypertens medication, even if that medication In item #1 below, report all sup	ion, you should declare al ation is not mentioned in oport for the work reporte	defined broadly. For example, if your manuscript poly likely in the manuscript manufacturers of antihypertens the manuscript. End in this manuscript without time limit. For all other	ive
the time frame for disclosure is	s the past 36 months.		
	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)	
	none (add rows as		
	needed)		
	Time frame: Since the initia	l planning of the work	
All support for the present	X None		
manuscript (e.g., funding,			-
provision of study materials,			\dashv
medical writing, article			\dashv
processing charges, etc.) No time limit for this item.			

Time frame: past 36 months

X None

Grants or contracts from

indicated in item #1 above).

any entity

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3	Royalties or licenses	XNone	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
	-		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10		V N	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or	X None	
	nonfinancial interests		

None.
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 form.

Date: __April 20th, 2021

any entity

(if not

Tour Name: Tujian Li			
Manuscript Title: Ghr	<u>elin attenuates drowning inj</u>	ury via dual effects on damage protection and immune	<u>i</u>
repression			
Manuscript number (if know	vn): ATM-21	-795-R1	
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In the interest of transparer	ncy, we ask you to disclose a	II relationships/activities/interests listed below that are	e
-	-	eans any relation with for-profit or not-for-profit third	
-	-	of the manuscript. Disclosure represents a commitmer	nt to
-	•	f you are in doubt about whether to list a	
relationship/activity/interes	_		
The following questions app	ply to the author's relationsh	nips/activities/interests as they relate to the current ma	anuscript
only.	,	,	
The author's relationships/a	activities/interests should be	e <u>defined broadly</u> . For example, if your manuscript pert	ains to
•		Ill relationships with manufacturers of antihypertensive	
medication, even if that me			-
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In item #1 below, report all	support for the work report	ed in this manuscript without time limit. For all other i	tems
the time frame for disclosur	• •	ca in this manuscript without time innit. For an other i	terris,
the time frame for disclosur	e is the past 30 months.		
	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)	
	none (add rows as	,	
	needed)		
	Time frame: Since the init	al planning of the work	
1 All support for the	X None	_	
present manuscript (e.g.,		_	
funding, provision of stud			1
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etc.)			
No time limit for this ite	m.		
	Time frame: pa	st 36 months	
2 Grants or contracts from	X None		

3	Royalties or licenses	XNone
4	Consulting fees	X None
5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert	X_ None
	testimony	
7	Support for attending	X None
,	meetings and/or travel	None
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	X None
9	Safety Monitoring Board or	XNotic
	Advisory Board	
10	Leadership or fiduciary role	X None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	X None
10		V. N.
12	Receipt of equipment, materials, drugs, medical	X None
	writing, gifts or other	
	services	
13	Other financial or	X None
	nonfinancial interests	

l None.			
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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 form.						

Date: __April 20th, 2021__

You	r Name: Faguang Jin			
Maı	nuscript Title: Ghrelin	attenuates drowning inju	ry via dual effects on damage protection and immune	
	<u>ression</u>			
Maı	nuscript number (if known):	ATM-21-7	<u>'95-R1</u>	
In ti	he interest of transparency	we ask you to disclose all	relationships/activities/interests listed below that are	
	•	•	ans any relation with for-profit or not-for-profit third	=
	-	•	f the manuscript. Disclosure represents a commitmen	t to
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	tionship/activity/interest, i	•	-	
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The	following questions apply t	o the author's relationship	ps/activities/interests as they relate to the current ma	nuscript
<u>only</u>	<u>/</u> .			
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			defined broadly. For example, if your manuscript pert	
	epidemiology of hypertens dication, even if that medica	• •	relationships with manufacturers of antihypertensive	
me	dication, even il that medica	ation is not mentioned in t	ne manuscript.	
In it	em #1 helow, report all sun	nort for the work reported	d in this manuscript without time limit. For all other it	tems.
	time frame for disclosure is	•		
		and passes memore		
		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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		needed) Time frame: Since the initia	Inlanning of the work	
		Time frame. Since the filtia	planning of the work	
	1 All support for the	X None		
	present 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	X None		
	any entity (if not			

3	Royalties or licenses	XNone
4	Consulting fees	X None
5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert	X_ None
	testimony	
7	Support for attending	X None
,	meetings and/or travel	None
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	X None
9	Safety Monitoring Board or	XNotic
	Advisory Board	
10	Leadership or fiduciary role	X None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	X None
10		V. N.
12	Receipt of equipment, materials, drugs, medical	X None
	writing, gifts or other	
	services	
13	Other financial or	X None
	nonfinancial interests	

l None.			
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