Da	te:May.14 <sup>th</sup> ,	2021			
	ur Name:Lusher				
Ma	anuscript Title:	A method for the expre	ssion of fibroblast growth factor 14 and assessment of its		
ne	neuroprotective effect in an Alzheimer's disease model				
Ma	anuscript number (if known)	:			
rel par to rel The ma	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only.  e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content on ecessarily indicate a bias it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare ation is not mentioned in pport for the work reporter	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
		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	l 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.	XNone			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
	B		
8	Patents planned, issued or	XNone	
	pending		
0	Participation and Date	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board  Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	^NUILE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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Date	e:May.14 <sup>…</sup> ,2	.021	
	r Name: Rongro		
Mar	nuscript Title:	_ A method for the expres	ssion of fibroblast growth factor 14 and assessment of its
neu	roprotective effect in an Alz	heimer's disease model_	
Mar	nuscript number (if known):		
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	tionship/activity/interest, it	=	If you are in doubt about whether to list a so.
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	em #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other item
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		relationship or indicate	institution)
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
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You	r Name: Xing W	ang	
			ssion of fibroblast growth factor 14 and assessment of its
Mar	nuscript number (if known):		
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		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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		needed)	
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	provision of study materials,		
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	processing charges, etc.)		
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		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
	Consulting fees		

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expertX_None	
speakers bureaus, manuscript writing or educational events  6 Payment for expertX_None	
manuscript writing or educational events  6 Payment for expertX_None	
educational events  6 Payment for expertX_None	
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7 Support for attendingX_None	
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Safety Monitoring Board or	
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11 Stock or stock optionsXNone	
12 Receipt of equipment,X_None	
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13 Other financial or nonX_None	
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Please summarize the above conflict of interest in the following box:	
None.	
Note:	

Date	e:May.14 <sup>th</sup> ,2	021	
	r Name: Baohui		
Man	uscript Title:	_ A method for the expre	ession of fibroblast growth factor 14 and assessment of its
neui	roprotective effect in an Alz	heimer's disease model_	
Mar	uscript number (if known):		
related part to treat to treat to the man to the med	ted to the content of your miles whose interests may be cansparency and does not not itionship/activity/interest, it following questions apply to uscript only.  author's relationships/activity e epidemiology of hyperterication, even if that medical	nanuscript. "Related" me affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship wities/interests should be nsion, you should declared tion is not mentioned in	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 init	ial 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.	XNone	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
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	r Name: Keke G		
			ssion of fibroblast growth factor 14 and assessment of its
neu	roprotective effect in an Alz	heimer's disease model	
Mar	nuscript number (if known):		
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		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	V No.	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
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Date	e:May.14 ,2	2021	
	r Name: Jungan		
			ssion of fibroblast growth factor 14 and assessment of its
Man	uscript number (if known):		
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	em #1 below, report all sup time frame for disclosure is	the past 36 months.	d in this manuscript without time limit. For all other items
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		relationship or indicate	institution)
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	provision of study materials,		
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		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
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13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
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	r Name: Shuang		
			ssion of fibroblast growth factor 14 and assessment of its
Man	uscript number (if known):		
relat	ted to the content of your n	nanuscript. "Related" mea	relationships/activities/interests listed below that are
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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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		Time frame: Since the initia	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
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2	Grants or contracts from	X None	1-30 months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
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15	financial interests	XNone	
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Date	e:May.14 <sup>…</sup> ,2	.021	
	r Name: Nuo Xu		
Mar	nuscript Title:	_ A method for the expres	ssion of fibroblast growth factor 14 and assessment of its
Mar	nuscript number (if known):		
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	provision of study materials,		+
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
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7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
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9	Participation on a Data	XNone		
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10	Leadership or fiduciary role	_XNone		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	Stock of Stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	XNone		
	financial interests			
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Date	e:May.14 <sup>…</sup> ,2	.021	
	· Name: Xuan X		
Man	uscript Title:	_ A method for the expres	ssion of fibroblast growth factor 14 and assessment of its
neur	oprotective effect in an Alz	heimer's disease model	
Man	uscript number (if known):		
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In ite	ication, even if that medica em #1 below, report all sup ime frame for disclosure is	port for the work reported	d in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
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	processing charges, etc.)		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone			
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	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
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7	Support for attending	X None			
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8	Patents planned, issued or	X_None			
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9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
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10	Leadership or fiduciary role in other board, society,	X_None			
	committee or advocacy				
11	group, paid or unpaid	V N			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	XNone			
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Please summarize the above conflict of interest in the following box:					
	None				
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