

ICMJE DISCLOSURE FORM

Date: Aug. 4th, 2021

Your Name: Jing Li

Manuscript Title: Isorhamnetin inhibits amplification of influenza A H1N1 virus inflammation mediated by interferon via the RIG-I/JNK pathway

Manuscript number (if known): ATM-21-3532

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 as they relate to the current manuscript only.

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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Date: Aug. 4th, 2021

Your Name: Yifan Xu

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Date: Aug. 4th, 2021

Your Name: Zhiwei Lin

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Date: Aug. 4th, 2021

Your Name: Lili Guan

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Date: Aug. 4th, 2021

Your Name: Shuqi Chen

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Your Name: Luqian Zhou

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