

ICMJE DISCLOSURE FORM

Date: Aug. 3rd, 2021
 Your Name: Jing-Jing Zhang,
 Manuscript Title: Mechanisms and pharmacological applications of ferroptosis: A narrative review
 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.

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

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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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.	__Jing-Jing Zhang__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__Jing-Jing Zhang__ None	
3	Royalties or licenses	__Jing-Jing Zhang__ None	
4	Consulting fees	__Jing-Jing Zhang__ None	

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

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: Jul. 17th, 2021

Your Name: Jing Du

Manuscript Title: Mechanisms and pharmacological applications of ferroptosis: A narrative review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Jul. 17th, 2021

Your Name: Guang-Yu Zhang

Manuscript Title: Mechanisms and pharmacological applications of ferroptosis: A narrative review

Manuscript number (if known): _____

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