

ICMJE DISCLOSURE FORM

Date: 2022-07-24
 Your Name: Jian Shi
 Manuscript Title: Lacosimendan protects from sepsis-induced cardiac dysfunction by suppressing inflammation, oxidative stress and regulating
 Manuscript number (if known): cardiac mitophagy via the PINK-1-Parkin pathway in mice

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.

	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.	<u>None</u>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>
3	Royalties or licenses	<u>None</u>
4	Consulting fees	<u>None</u>

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

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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: 2022-01-24
 Your Name: Yuhang Chen
 Manuscript Title: evosimendan protects from sepsis-induced cardiac dysfunction by suppressing inflammation, oxidative stress and regulation cardiac myocytes via the PLNK-1-parkin pathway in mice
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-1-24

Your Name: Haijun Zhi

Manuscript Title: Levosimendan protects from sepsis-inducing cardiac dysfunction by

Manuscript number (if known): Suppressing inflammation, oxidative stress and

regulating cardiac mitophagy via the PINK-1-Parkin pathway in mice

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ICMJE DISCLOSURE FORM

Date: 2022-01-24

Your Name: Hui An

Manuscript Title: Levosimendan protects from sepsis-induced cardiac dysfunction by suppressing

Manuscript number (if known): inflammation, oxidative stress and regulating cardiac mitophagy via the PINK-1-parkin pathway in mice.

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ICMJE DISCLOSURE FORM

Date: 2022-01-24
 Your Name: Zhenjie Hu
 Manuscript Title: Levosimendan protects from sepsis-inducing cardiac dysfunction
 Manuscript number (if known): by suppressing inflammation, oxidative stress and regulating cardiac mitophagy via the PINK-1-Parkin pathway in mice

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