Da	te:05/12/2022							
Yo	ur Name:	_ Pu Huang						
Ma	Manuscript Title: N-methyl-D-aspartate receptor blockers attenuate bleomycin-induced pulmonary fibrosis by							
	inhibiting endogenous mesenchymal stem cell senescence							
	Manuscript number (if known):							
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	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>					
to me	the epidemiology of hyperte edication, even if that medic	ension, you should declare cation is not mentioned in		sive				
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other i	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	institution)					
		none (add rows as						
		needed)						
		Time frame: Since the initia	al planning of the work					
1	All support for the present	√ None						
	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	_ √None						
	any entity (if not indicated							
	in item #1 above).							
3	Royalties or licenses	√None						
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5	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ √None	
	testimony		
7	Support for attending meetings and/or travel	_ √None	
8	Patents planned, issued or	√None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	√None	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of anytings out	/ Name	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	llowing box:
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Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:

Da	te:05/12/2022			
Yo	ur Name:	Yan Zhou		
			or blockers attenuate bleomycin-induced pulmonary fibrosis	by
	nibiting endogenous meseno	-		
Ma	anuscript number (if known)	:		
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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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1	All support for the present	√None		
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	writing, gifts or other		
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13	Other financial or non-	√ None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	llowing box:
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Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:

	ate:05/12/2022		
Yo	our Name:	Xiao-Hong Li	
Ma	anuscript Title: N-m	ethyl-D-aspartate recepto	or blockers attenuate bleomycin-induced pulmonary fibrosis b
	hibiting endogenous mesend	-	
Ma	anuscript number (if known)	):	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ √None	
	testimony		
7	Support for attending meetings and/or travel	_ √None	
8	Patents planned, issued or	√None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	√None	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of anytings out	/ Name	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	llowing box:
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Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:

	te:05/12/2022		
Yo	ur Name:	Yun-Na Zhang	
Ma	nuscript Title: N-m	ethyl-D-aspartate recepto	or blockers attenuate bleomycin-induced pulmonary fibrosis b
	ibiting endogenous mesend	-	
Ma	nuscript number (if known)	):	
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	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
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		Name all entities with	Specifications/Comments
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ √None	
	testimony		
7	Support for attending meetings and/or travel	_ √None	
8	Patents planned, issued or	√None	
	pending		
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9	Participation on a Data Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
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12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
	ase summarize the above o	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

Da	te:05/12/2022			
Yo	ur Name: F	lai-Peng Cheng		
Ma inh	anuscript Title: N-m nibiting endogenous mesend anuscript number (if known)	ethyl-D-aspartate recepto hymal stem cell senescend	r blockers attenuate bleomycin-induced pulmonary fibros :e	is by
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other item	15,
		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	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.	√None		
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	√None		

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	speakers bureaus,		
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Da	te:05/12/2022			
Yo	ur Name:	_ Jia-Feng Fu		
Ma	anuscript Title: N-m	ethyl-D-aspartate receptor	r blockers attenuate bleomycin-induced pulmonary fibros	is by
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	ase summarize the above o	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

	ur Name: W							
Ma	anuscript Title: N-m	ethyl-D-aspartate recepto	or blockers attenuate bleomycin-induced pulmonary fibro	sis by				
inł	inhibiting endogenous mesenchymal stem cell senescence							
Ma	anuscript number (if known)	):						
		·	Il relationships/activities/interests listed below that are					
	<del>-</del>		eans any relation with for-profit or not-for-profit third					
-	•	_	of the manuscript. Disclosure represents a commitment					
	-		s. If you are in doubt about whether to list a					
rei	ationship/activity/interest,	it is preferable that you d	o so.					
Th	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current					
	anuscript only.		<u></u>					
Th	e author's relationships/act	ivities/interests should be	e <u>defined broadly</u> . For example, if your manuscript pertain	ns				
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	speakers bureaus,		
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	educational events		
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	testimony		
7	Support for attending meetings and/or travel	_ √None	
8	Patents planned, issued or	√None	
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9	Participation on a Data Safety Monitoring Board or	√None	
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	in other board, society,		
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8	Patents planned, issued or	√None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	√None	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	√None	
12	Descint of anytings out	/ Name	
12	Receipt of equipment, materials, drugs, medical	√None	
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