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Yo Ma in Ma In rel pa to rel	diabetes mellitu_ anuscript number (if known) the interest of transparency ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest,	ie Suation of LCN2 attenuates r b: , we ask you to disclose al manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do	retinal vascular dysfunction and caspase1-mediated py I relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen . If you are in doubt about whether to list a	е
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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)	
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.	Time frame: Since the initia		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	t 36 months	
3	Royalties or licenses	None		

Consulting fees

None

4

5	Payment or honoraria for	None			
	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				
9	Participation on a Data	None			
9	Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	_ None			
	financial interests				
Г	Please summarize the above conflict of interest in the following box:				
	None.				

None.		

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

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

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Da	te:May 15th20)22		
Ma	nuscript Title:_Down-regula	ation of LCN2 attenuates r	etinal vascular dysfunction and caspase1-mediated pyr	r optosis
in (diabetes mellitu_			
Ma	nuscript number (if known)	:		
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen . If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertage all relationships with manufacturers of antihypertensithe manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other it	tems,
		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		

Consulting fees

None

4

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
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	services		
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	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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ma	anuscript only.		ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pert e all relationships with manufacturers of antihypertens the manuscript.	
	item #1 below, report all sup e time frame for disclosure is	•	ed in this manuscript without time limit. For all other i	tems,
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1	All support for the present manuscript (e.g., funding, provision of study materials,	None		
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	testimony				
	,				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	_None			
	pending				
9	Participation on a Data	None			
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	Advisory Board				
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