Date:2021/8/3
Your Name:Zhisheng Tan
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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	any entity (if not indicated		
	in item #1 above).		
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4	Consulting fees	vNone	

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

Dr. Tan has nothing to disclose.		

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

Date:2021/8/3
Your Name: Yunchun Zhao
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	vNone	
4	Consulting fees	VNone	

5	Payment or honoraria for	v_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	vNone	
	testimony		
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or	v_None	
	pending		
9	Participation on a Data	v_None	
	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	VNone	
12	Receipt of equipment,	√_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

Dr. Zhao has nothing to disclose.			

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

Date:2021/8/3
Your Name: Zhengmin Jin
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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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.	VNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	VNone	

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

Dr. Jin has nothing to disclose.		

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

Date:2021/8/3
Your Name: Genyu Li
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
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3	Royalties or licenses	v_None	
4	Consulting fees	vNone	

5	Payment or honoraria for	v_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	v_None	
	testimony		
7	Support for attending meetings and/or travel	v_None	
8	Patents planned, issued or	v_None	
	pending		
9	Participation on a Data	v_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	v_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	vNone	
	_		
12	Receipt of equipment,	vNone	
	materials, drugs, medical		
	writing, gifts or other		
40	services	/ 1	
13	Other financial or non-	vNone	
	financial interests		

Dr. Li has nothing to disclose.	

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

Date:2021/8/3
Your Name: Li Xu
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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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
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	vNone	

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

Dr. Xu has nothing to disclose.		

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

Date:2021/8/3
Your Name: Wenli Li
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	vNone	

5	Payment or honoraria for	v_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	v_None	
	testimony		
7	Support for attending meetings and/or travel	v_None	
8	Patents planned, issued or	v_None	
	pending		
9	Participation on a Data	v_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	v_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	vNone	
	_		
12	Receipt of equipment,	vNone	
	materials, drugs, medical		
	writing, gifts or other		
40	services	/ 1	
13	Other financial or non-	vNone	
	financial interests		

Dr. Li has nothing to disclose.	

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

Date:2021/8/3
Your Name: Yunhua Liang
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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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
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2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	VNone	

5	Payment or honoraria for	v_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	v_None	
	testimony		
7	Support for attending meetings and/or travel	v_None	
	ğ ,		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	v_None	
	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	vNone	
12	Receipt of equipment,	v_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	vNone	
	financial interests		

Dr. Liang has nothing to disclose.				

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

Date:2021/8/3
Your Name: Shuying Wang
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the
elderly: a bibliometrics study
Manuscript number (if known):

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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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	vNone	

5	Payment or honoraria for	v_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	v_None	
	testimony		
7	Support for attending meetings and/or travel	v_None	
	ğ ,		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	v_None	
	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	vNone	
12	Receipt of equipment,	v_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	vNone	
	financial interests		

Dr. Wang has nothing to disclose.				

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

Date:2021/8/3	
Your Name: Qin Zhu	
Manuscript Title: The relationship between muscular atrophy/sarcopenia and cardiovascular diseases in the	
elderly: a bibliometrics study	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	vNone	

5	Payment or honoraria for	v_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	vNone	
	testimony		
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or	v_None	
	pending		
9	Participation on a Data	v_None	
	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	VNone	
12	Receipt of equipment,	√_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	vNone	
	financial interests		

Dr. Zhu has nothing to disclose.				

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