

## ICMJE DISCLOSURE FORM

Date: 20210721

Your Name: Shanshan Mu

Manuscript Title: Relationship among melatonin, postoperative delirium, and postoperative cognitive dysfunction

Manuscript number (if known): \_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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11	Stock or stock options	___ None	
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13	Other financial or non-financial interests	___ None	

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

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: 20210721

Your Name: Yan Wu

Manuscript Title: Relationship among melatonin, postoperative delirium, and postoperative cognitive dysfunction

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 20210721

Your Name: Anshi Wu

Manuscript Title: Relationship among melatonin, postoperative delirium, and postoperative cognitive dysfunction

Manuscript number (if known): \_\_\_\_\_

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