Date:202	2-2-10
Your Name:	_ Bingqing Xu
Manuscript Tit	e:A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript nu	mber (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,	_ X None	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ X None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_ X None	
4	Consulting fees	_ X None	

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

Х

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

Date:	2022-2-10
Your Name	: Zhengli Guo
Manuscript	Title: A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript	number (if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	XNone	

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

Date:2	022-2-10
Your Name:_	Binxian Jiang
Manuscript 7	itle:A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript i	number (if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	XNone	

Х

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

Date:2022-2	2-10
Your Name: K	Kaiyu Zhang
Manuscript Title:	A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript numb	per (if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	XNone	

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

Date:2022-2-1	.0
Your Name: We	nyu Zhu
Manuscript Title:	A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript number	(if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	XNone	

Х

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

Date:2022-2-1	0
Your Name: Xia	oyi Lian
Manuscript Title:	A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript number	(if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	XNone	

Х

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

Date:2022	-2-10
Your Name:	Yihui Xu
Manuscript Title	:A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript num	ıber (if known):

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date:	2022-2-10
Your Name	: Zhijuan Zhao
Manuscript	Title: A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases
Manuscript	number (if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date:2022-2	-10			
Your Name: Le	ei Liu			
Manuscript Title:_	A retrospective analysis of the clinical features of sarcopenia in older patients with chronic diseases			
Manuscript number (if known):				

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