brain

Da	te:Feb. 17 th , 2023	_	
Yo	ur Name:Li-Yun Kong		
Ma	nuscript Title:TAK-24	2 protects against oxygen-	-glucose deprivation and reoxygenation-induced injury in bra
mi	crovascular endothelial cells	s and alters the expression	pattern of IncRNAs
Ma	nuscript number (if known)):	
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une	e time frame for disclosure i		
		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	al planning of the work
1	All support for the present	X None	
L	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
	Grants or contracts from	XNone	
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2	any entity (if not indicated		
2	any entity (if not indicated in item #1 above).		
2		X_None	
	in item #1 above).	XNone	

Consulting fees

X__None

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

brain

Da	te:Feb. 17 th , 2023	_	
Yo	ur Name:Shen-yu Zhu	_	
Ma	nuscript Title:TAK-24	2 protects against oxygen-	glucose deprivation and reoxygenation-induced injury in b
mi	crovascular endothelial cells	and alters the expression	pattern of IncRNAs
	nuscript number (if known)		
relipantor relimator masses to the masses to	ated to the content of your rties whose interests may be transparency and does not eationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in a poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	X None	
•	manuscript (e.g., funding, 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 any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	3		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DIA	ease summarize the above co	onflict of interest in the fol	lowing hov:
rie	ase summanize the above to	omination interest in the IOI	IOWING BOA.
	None.		
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Da	te:Feb. 17 th , 2023	_		
Yo	ur Name:Mao-Yan Si			
Ma	nuscript Title:TAK-24	2 protects against oxygen-	glucose deprivation and reoxygenation-induced injury in b	rain
mi	crovascular endothelial cells	s and alters the expression	pattern of IncRNAs	
	nuscript number (if known			
relipanto relima	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, ationship/activity/interest, at following questions apply inuscript only. The author's relationships/activity epidemiology of hypert adication, even if that medication,	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship in the content of the author's relationship in the content of the content o	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . 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 items	,
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
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	e time frame for disclosure i	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)	,
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	•
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	,
the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _X_None Time frame: past	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	,
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the	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _X_None Time frame: past	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	,
11	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. Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone Time frame: past	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	,
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Consulting fees

X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	None.		

Yo Ma mi	ite:Feb. 17 th , 2023 ur Name:Xue-Hua Xu anuscript Title:TAK-24 crovascular endothelial cells anuscript number (if known)	2 protects against oxygen- s and alters the expression	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I 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 o so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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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 initia	l 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.	XNone	
		Time frame: past	: 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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rie	ase summanize the above to	omination interest in the IOI	IOWING BOX.
	None.		
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Da	te:Feb. 17 th , 2023	_		
Yo	ur Name:Jun-Jian Yu			
M	anuscript Title:TAK-24	2 protects against oxygen-	glucose deprivation and reoxygenation-induced injury i	n brain
mi	crovascular endothelial cells	s and alters the expression	pattern of IncRNAs	
M	anuscript number (if known)):		
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" means affected by the content of the author's relationship in the content of the content	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript perta all relationships with manufacturers of antihypertensiv	ins ⁄e
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution	
		needed)		
		Time frame: Since the initial	planning of the work	
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1	All support for the present	XNone		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
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2	Grants or contracts from any entity (if not indicated	XNone		
	in item #1 above).			
3	Royalties or licenses	X None		
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Consulting fees

None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	.ase sammanze the above to		
	None.		

Yo Ma mi	te:Feb. 17 th , 2023 ur Name:Wei-Xiang Zhor anuscript Title:TAK-24 crovascular endothelial cells anuscript number (if known)	ng 2 protects against oxygen- s and alters the expression		rain
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea 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 current	
to me	the epidemiology of hyperte edication, even if that medic	ension, you should declare cation is not mentioned in to poort for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items	
		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.	XNone		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months	
3	Royalties or licenses	XNone		

Consulting fees

X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dle	ease summarize the above c	anflict of interest in the fol	lowing hov
	.ase sammanze the above to		
	None.		

Yo Ma mi	te:Feb. 17 th , 2023 ur Name:Cheng-Peng Sa nuscript Title:TAK-24 crovascular endothelial cells nuscript number (if known)	ng 2 protects against oxygen- s and alters the expression	· ———				
rel pa to	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.						
	e following questions apply <u>inuscript only</u> .	to the author's relationshi	ps/activities/interests as they relate to the current				
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,				
		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	l 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.	XNone					
		Time frame: past	36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					

Consulting fees

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X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	3		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	XNone	
	financial interests		
Dla	ease summarize the above co	anflict of interest in the fol	lowing boy:
rie	ase summanize the above to	omination interest in the IOI	IOWING BOX.
	None.		

	te:Feb. 17 th , 2023 ur Name:Ding-Yu Rao			
mi	anuscript Title:TAK-24 crovascular endothelial cells anuscript number (if known)	s and alters the expression		n brain
rel pa 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 cans 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 o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertaile all relationships with manufacturers of antihypertensive the manuscript. End in this manuscript without time limit. For all other ite	e
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	al 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.	XNone		
	Cuanta au continue d	Time frame: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	3		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	XNone	
	financial interests		
Dla	ease summarize the above co	anflict of interest in the fol	lowing boy:
rie	ase summanize the above to	omination interest in the IOI	IOWING BOX.
	None.		

Da	te:Feb. 17 th , 2023	_	
Yo	ur Name: Fa-Chun Xie	_	
M	anuscript Title: TAK-24	2 protects against oxygen-	glucose deprivation and reoxygenation-induced injury in brair
mi	crovascular endothelial cells	s and alters the expression	pattern of IncRNAs
M	anuscript number (if known)):	
re pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content o 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 of the same in doubt about whether to list a so.
	e following questions apply anuscript only.	to the author's relationship	ps/activities/interests as they relate to the current
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in t	
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other 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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	3		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	XNone	
	financial interests		
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rie	ase summanize the above to	omination interest in the IOI	IOWING BOX.
	None.		

Yo Ma mi	te:Feb. 17 th , 2023 ur Name:Zi-You Liu anuscript Title:TAK-24 crovascular endothelial cells anuscript number (if known)	- 2 protects against oxygen- _{ s and alters the expression		rain
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	e following questions apply anuscript only.	to the author's relationship	os/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 ation is not mentioned in to proper the porter the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items	i ,
		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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3	Royalties or licenses	XNone		

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	3		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
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		Time frame: past	36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	X None		
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4	Consulting fees	XNone		

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