ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - xiao

2. **Surname (Last Name)**
   - ling

3. **Date**

4. Are you the corresponding author?
   - ☐ Yes  ☑ No

   **Corresponding Author's Name**
   - Peng Zhu

5. **Manuscript Title**
   - Lymphotixin beta receptor is associated with regulation of microRNAs expression and nuclear factor -kappa B activation in LPS stimulated vascular smooth muscle cells

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
- ☐ Yes  ☑ No

## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- ☐ Yes  ☑ No
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Dr. Ling has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mei
2. Surname (Last Name)  Wen
3. Date  18-March-2020
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  Peng Zhu

5. Manuscript Title
   lymphotoxin beta receptor is associated with regulation of microRNAs expression and nuclear factor -kappa B activation in LPS stimulated vascular smooth muscle cells
6. Manuscript Identifying Number (if you know it)

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Dr. Wen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Zezhou

2. Surname (Last Name)  
   Xiao

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Peng Zhu

5. Manuscript Title  
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Dr. Xiao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   zhiwen

2. Surname (Last Name)  
   luo

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   ✘ Yes  ✔ No  
   Corresponding Author’s Name  
   Peng Zhu

5. Manuscript Title  
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2. Surname (Last Name)  
   Zhuang  
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   [x] No  
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   Qianqin

2. **Surname (Last Name)**  
   Li

3. **Date**  
   18-March-2020

4. **Are you the corresponding author?**  
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   - No

   **Corresponding Author’s Name**  
   Peng Zhu

5. **Manuscript Title**  
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6. **Manuscript Identifying Number (if you know it)**

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1. Given Name (First Name) shaoyi
2. Surname (Last Name) zheng
3. Date 18-March-2020

4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Peng Zhu

5. Manuscript Title
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Zhu

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