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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Li-Ying
2. Surname (Last Name) Tian
3. Date 20-August-2020
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Xu-De Sun

5. Manuscript Title
Isoflurane preconditioning effects on brain damage induced by electromagnetic pulse radiation through epigenetic modification of BDNF gene transcription

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Dr. Tian has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>Given Name (First Name)</th>
<th>Surname (Last Name)</th>
<th>Date</th>
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<tbody>
<tr>
<td>Cheng-Kui</td>
<td>Cai</td>
<td>20-August-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name
Xu-De Sun

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Dr. Cai has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
   Xia-Jing

2. Surname (Last Name)
   Zhang

3. Date
   20-August-2020

4. Are you the corresponding author?
   - Yes
   - No
   ✔ No

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Xu-De Sun

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   Xu-De

2. Surname (Last Name)  
   Sun

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   20-August-2020

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   ✔ Yes  
   No

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