ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ying

2. Surname (Last Name)  
   Tian

3. Date  
   13-April-2020

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

Corresponding Author’s Name  
   Xuefeng Mei

5. Manuscript Title  
   Protective effect of renal ischemic postconditioning by modulation of autophagy in renal ischemic-reperfusion injury via PI3K/Akt/mTOR pathway

6. Manuscript Identifying Number (if you know it)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 13-April-2020

4. **Are you the corresponding author?**
   - Yes ✔ Yes

5. **Manuscript Title**
   - Protective effect of renal ischemic postconditioning by modulation of autophagy in renal ischemic-reperfusion injury via PI3K/Akt/mTOR pathway

6. **Manuscript Identifying Number (if you know it)**
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## 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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Are there any relevant conflicts of interest?  Yes ✔ No

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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Dr. Shu has nothing to disclose.

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1. Given Name (First Name)  
   Ruizhen

2. Surname (Last Name)  
   Huang

3. Date  
   13-April-2020

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

Corresponding Author's Name  
   Xuefeng Mei

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Xuefeng Mei</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Chu</td>
</tr>
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