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)  Wei
2. Surname (Last Name)  Yu
3. Date  15-May-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Wenliang Zha, Jun Ren
5. Manuscript Title  Curcumin Suppresses Doxorubicin-Induced Cardiomyocyte Pyroptosis via a PI3K/Akt/mTOR-Dependent Manner
6. Manuscript Identifying Number (if you know it)

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**Section 6. Disclosure Statement**

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Dr. Yu has nothing to disclose.

**Evaluation and Feedback**

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1. Given Name (First Name)  
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2. Surname (Last Name)  
   Qin

3. Date  
   15-May-2020

4. Are you the corresponding author?  
   Yes  ✔  No

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   Wenliang Zha, Jun Ren

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yuchen

2. Surname (Last Name)  
   Zhang

3. Date  
   15-May-2020

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   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Wenliang Zha, Jun Ren

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Peng

2. Surname (Last Name)  
   Qiu

3. Date  
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4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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## Section 1. Identifying Information

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

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

3. **Date**
   - 15-May-2020

4. Are you the corresponding author? (Please mark one)
   - [ ] Yes
   - [x] No

Corresponding Author’s Name
- Wenliang Zha, Jun Ren

5. **Manuscript Title**
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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.  
**Grant:** A grant from an entity, generally [but not always] paid to your organization  
**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations  
**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.  

**Other:** Anything not covered under the previous three boxes  
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Wenliang</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Zha</td>
</tr>
<tr>
<td>3. Date</td>
<td>15-May-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Curcumin Suppresses Doxorubicin-Induced Cardiomyocyte Pyroptosis via a PI3K/Akt/mTOR-Dependent Manner

6. Manuscript Identifying Number (if you know it)

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zha has nothing to disclose.

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1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Ren

3. Date  
   15-May-2020

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

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