

ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: [Yuan Liu]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

Manuscript Number (if known): Red-2022-00020C

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.

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ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: [Zhen Li]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

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Date: 7/21/2022

Your Name: [Huijuan Xiao]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

Manuscript Number (if known): Red-2022-00020C

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Date: 7/21/2022

Your Name: [Bingbing Xie]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

Manuscript Number (if known): Red-2022-00020C

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ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: [Meiyue Song]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	

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11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: [Jing Geng]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

Manuscript Number (if known): Red-2022-00020C

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: [Huaping Dai]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

Manuscript Number (if known): Red-2022-00020C

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ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: [Chen Wang]

Manuscript Title: [USP13 deficiency impairs autophagy and facilitates age-related lung fibrosis]

Manuscript Number (if known): Red-2022-00020C

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