ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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)  
   Polina

2. Surname (Last Name)  
   Vishnyakova

3. Date  
   25-February-2017

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

5. Manuscript Title  
   Alterations in antioxidant system, mitochondrial biogenesis and autophagy in preeclamptic myometrium

6. Manuscript Identifying Number (if you know it)

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

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Section 6. Disclosure Statement

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Dr. Vishnyakova has nothing to disclose.

Evaluation and Feedback

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Maria</td>
<td>Volodina</td>
<td>25-February-2017</td>
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<th>4. Are you the corresponding author?</th>
<th>☑ No</th>
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<th>Corresponding Author’s Name</th>
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<td>Polina A. Vishnyakova</td>
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Dr. Volodina has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Nadezhda
2. Surname (Last Name)  Tarasova
3. Date  25-February-2017
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Polina A. Vishnyakova
5. Manuscript Title  Alterations in antioxidant system, mitochondrial biogenesis and autophagy in preeclamptic myometrium
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Dr. Tarasova has nothing to disclose.

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1. Given Name (First Name)  
   Maria

2. Surname (Last Name)  
   Marey

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

   - Corresponding Author’s Name  
     Polina A. Vishnyakovaa

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Natalya

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Kan

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Dr. Kan has nothing to disclose.

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1. Given Name (First Name)  
   Zulfiya

2. Surname (Last Name)  
   Khodzhaeva

3. Date  
   25-February-2017

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

   Corresponding Author's Name  
   Polina A. Vishnyakovaa

5. Manuscript Title  
   Alterations in antioxidant system, mitochondrial biogenesis and autophagy in preeclamptic myometrium

6. Manuscript Identifying Number (if you know it)

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Dr. Khodzhaeva has nothing to disclose.

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1. Identifying information.

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<table>
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<th>3. Date</th>
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<tr>
<td>Mikhail</td>
<td>Vysokikh</td>
<td>25-February-2017</td>
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</tbody>
</table>

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   - No  

Corresponding Author’s Name  
Polina A. Vishnyakovaa

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Identifying Information

1. Given Name (First Name)  Gennady
2. Surname (Last Name)  Sukhikh
3. Date  25-February-2017
4. Are you the corresponding author?  Yes  No  Corresponding Author's Name  Polina A. Vishnyakovaa

Manuscript Title
Alterations in antioxidant system, mitochondrial biogenesis and autophagy in preeclamptic myometrium

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