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)  
Bo

2. Surname (Last Name)  
Li

3. Date  
12-October-2020

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

5. Manuscript Title  
Clinical thoughts on treatment of reflux esophagitis from shaoyin heat transformation

6. Manuscript Identifying Number (if you know it)  
LCM-19-39

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Fenglan
2. Surname (Last Name)  Pu
3. Date  12-October-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Bo Li
5. Manuscript Title  Clinical thoughts on treatment of reflux esophagitis from shaoyin heat transformation
6. Manuscript Identifying Number (if you know it)  LCM-19-39

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Section 1. Identifying Information

1. Given Name (First Name)  
Tianli

2. Surname (Last Name)  
Li

3. Date  
25-September-2020

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

Corresponding Author’s Name  
Bo Li

5. Manuscript Title  
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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kai</td>
<td>Wang</td>
<td>12-October-2020</td>
</tr>
</tbody>
</table>

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Corresponding Author’s Name

Bo Li

5. Manuscript Title

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Section 1. Identifying Information

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2. Surname (Last Name)  Zhao
3. Date  12-October-2020
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   Corresponding Author’s Name  Bo Li
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