ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  JING
2. Surname (Last Name)  LU
3. Date  21-September-2020
4. Are you the corresponding author?  No
   Corresponding Author’s Name  QINGHUA PENG
5. Manuscript Title  Construction of animal models of uveitis with Traditional Chinese Medicine syndrome
6. Manuscript Identifying Number (if you know it)  LCM-20-39

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Dr. LU has nothing to disclose.

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## Section 1. Identifying Information

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

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

3. **Date**
   - 21-September-2020

4. **Are you the corresponding author?**
   - No

   **Corresponding Author’s Name**
   - QINGHUA PENG

5. **Manuscript Title**
   - Construction of animal models of uveitis with Traditional Chinese Medicine syndrome

6. **Manuscript Identifying Number (if you know it)**
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## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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- No

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- No

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- No
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1. Given Name (First Name)  YUJIE
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