

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Guangzong

2. Surname (Last Name)
Li

3. Date
09-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Herbal therapy treatment in thromboangiitis obliterans: a retrospective clinical study

6. Manuscript Identifying Number (if you know it)
APM-19-578

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chao	2. Surname (Last Name) Zefr	3. Date 09-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guangzong Li ; He Pang
5. Manuscript Title Herbal therapy treatment in thromboangiitis obliterans: a retrospective clinical study		
6. Manuscript Identifying Number (if you know it) APM-19-578		

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Section 1. Identifying Information

1. Given Name (First Name) Baozhong	2. Surname (Last Name) Yang	3. Date 09-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guangzong Li; He Pang
5. Manuscript Title Herbal therapy treatment in thromboangiitis obliterans: a retrospective clinical study		
6. Manuscript Identifying Number (if you know it) APM-19-578		

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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Changshun	2. Surname (Last Name) He	3. Date 09-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guangzong Li, He Pang
5. Manuscript Title Herbal therapy treatment in thromboangiitis obliterans: a retrospective clinical study		
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Dr. He has nothing to disclose.

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2. Surname (Last Name)
Pang

3. Date
09-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Herbal therapy treatment in thromboangiitis obliterans: a retrospective clinical study

6. Manuscript Identifying Number (if you know it)
APM-19-578

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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