

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)
Xudong

2. Surname (Last Name)
Wang

3. Date
06-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Xiaobo huang

5. Manuscript Title

Validation of the protective effects of Lonicera japonica polysaccharide on lipopolysaccharide-induced learning and memory impairments via regulation of autophagy based on network pharmacology

6. Manuscript Identifying Number (if you know it)

APM-20-357

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Ping	2. Surname (Last Name) Liu	3. Date 06-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaobo Huang
5. Manuscript Title Validation of the protective effects of Lonicera japonica polysaccharide on lipopolysaccharide-induced learning and memory impairments via regulation of autophagy based on network pharmacology		
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1. Given Name (First Name)
Xiaobo

2. Surname (Last Name)
Huang

3. Date
05-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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