

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)
Qing

2. Surname (Last Name)
Yuan

3. Date
12-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The treatment of gastroesophageal reflux cough with lung-spleen theory

6. Manuscript Identifying Number (if you know it)
LCM-2019-HTCM-001

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Dr. Yuan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Zong-Xue	2. Surname (Last Name) Zhang	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qing Yuan
5. Manuscript Title The treatment of gastroesophageal reflux cough with lung-spleen theory		
6. Manuscript Identifying Number (if you know it) LCM-2019-HTCM-001		

Section 2. The Work Under Consideration for Publication

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name) YouRan	2. Surname (Last Name) Lu	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qing Yuan
5. Manuscript Title The treatment of gastroesophageal reflux cough with lung-spleen theory		
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1. Given Name (First Name) Jian	2. Surname (Last Name) Liu	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qing Yuan
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