

## 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)  
Salvador

2. Surname (Last Name)  
Quiroz-González

3. Date  
27-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Psychoneurobiomodulation: an emerging concept to understand the systemic effects of neurophysiological acupuncture

6. Manuscript Identifying Number (if you know it)  
LCM-19-35

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Dr. Quiroz-González has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
AGNESE YOLOTZIN

2. Surname (Last Name)  
OLIVERA TORO

3. Date  
27-November-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
QUIROZ-GONZALEZ SALVADOR

5. Manuscript Title  
Psychoneurobiomodulation: an emerging concept to understand  
the systemic effects of neurophysiological acupuncture

6. Manuscript Identifying Number (if you know it)  
LCM-19-35

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Dr. OLIVERA TORO has nothing to disclose.

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1. Given Name (First Name)

YOLANDA

2. Surname (Last Name)

GARCIA-PICENO

3. Date

27-November-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

SALVADOR QUIROZ-GONZALEZ

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

LCM-19-35

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1. Given Name (First Name)

ISMAEL

2. Surname (Last Name)

JIMENEZ-ESTRADA

3. Date

27-November-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

QUIROZ-GONZALEZ SALVADOR

5. Manuscript Title

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LCM-19-35

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RUBEN

2. Surname (Last Name)  
FOSSION

3. Date  
27-November-2019

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QUIROZ-GONZALEZ SALVADOR

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