## **ICMJE DISCLOSURE FORM**

Da	te:May 28 <sup>th</sup> , 2021	_			
Yo	Your Name:Krisfian Tata Aneka Priyangga				
Ma	Manuscript Title:A Narrative Review of Curcuminoids from Various Curcuma Species in Indonesia as Potential				
	tidiabetic Agents				
Ma	nuscript number (if known)	):LCM-21-9			
rel pa to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medical	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare eation is not mentioned in t	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.		
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.					
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initial	planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone			
	medical writing, article processing charges, etc.)				
	No time limit for this item.				
		<b>-</b>			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated	XNone			
	any entity (ii not indicated				
	in item #1 above)				
3	in item #1 above). Royalties or licenses	X None			
3	in item #1 above). Royalties or licenses	XNone			

Consulting fees

X\_\_None

4

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert testimony	XNone		
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	X None		
0	pending			
	, F			
9	Participation on a Data	X None		
9	Safety Monitoring Board or	XNOTIE		
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None		
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None		
	services			
13	Other financial or non- financial interests	XNone		
Dاح	Please summarize the above conflict of interest in the following box:			
ric	Licase summarize the above connect of interest in the following box.			
None.				

Please place an "X" next to the following statement to indicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## **ICMJE DISCLOSURE FORM**

Da	te:May 28 <sup>th</sup> , 2021	_	
Yo	ur Name:Christyowati P	rimi Sagita	
Ma	nuscript Title:A Narra	ative Review of Curcumino	oids from Various Curcuma Species in Indonesia as Potential
An	tidiabetic Agents		
Ma	nuscript number (if known)	:LCM-21-9	
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	e tollowing questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
}	Royalties or licenses	X None	
	,		

Consulting fees

X\_\_None

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_	educational events			
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10	Leadership or fiduciary role in other board, society, committee or advocacy	X None		
	group, paid or unpaid			
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## **ICMJE DISCLOSURE FORM**

Da	ite:May 30''', 2021	_	
Yo	ur Name:Leny Yuliati		
M	anuscript Title:A Narra	ntive Review of Curcumino	oids from Various Curcuma Species in Indonesia as Potential
Ar	tidiabetic Agents		
M	anuscript number (if known)	):LCM-21-9	
re pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the industry of the solution of the manuscript. If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to mo	the epidemiology of hyperte edication, even if that medic	ension, you should declard ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
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)	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
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Consulting fees

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