

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Yu	2. Surname (Last Name) Zhou	3. Date 15-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Zhao
5. Manuscript Title Asiaticoside attenuates neonatal hypoxic-ischemic brain damage through inhibiting TLR4/NF-κB/STAT3 pathway		
6. Manuscript Identifying Number (if you know it) ATM-20-3323		

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Dr. Zhou has nothing to disclose.

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Jing

2. Surname (Last Name)

Zhao

3. Date

15-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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