

## ICMJE DISCLOSURE FORM

Date: 2022/1/25  
 Your Name: Tao Liu  
 Manuscript Title: A narrative review of the pharmacology of ginsenoside compound K  
 Manuscript number (if known): \_\_\_\_\_

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in 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 whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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

Date: 2022/1/25  
 Your Name: Lu Zhu  
 Manuscript Title: A narrative review of the pharmacology of ginsenoside compound K  
 Manuscript number (if known): \_\_\_\_\_

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 Your Name: Li Wang  
 Manuscript Title: A narrative review of the pharmacology of ginsenoside compound K  
 Manuscript number (if known): \_\_\_\_\_

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