

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Dengke Yang
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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)
Time frame: Since the initial planning of the work			
1	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.	<u>Dengke Yang</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Dengke Yang</u> None	
3	Royalties or licenses	<u>Dengke Yang</u> None	
4	Consulting fees	<u>Dengke Yang</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Dengke Yang</u> None	
6	Payment for expert testimony	<u>Dengke Yang</u> None	
7	Support for attending meetings and/or travel	<u>Dengke Yang</u> None	
8	Patents planned, issued or pending	<u>Dengke Yang</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Dengke Yang</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Dengke Yang</u> None	
11	Stock or stock options	<u>Dengke Yang</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Dengke Yang</u> None	
13	Other financial or non-financial interests	<u>Dengke Yang</u> None	

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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

Dengke Yang I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Yiyu Guo
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
1	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.	<u>Yiyu Guo</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yiyu Guo</u> None	
3	Royalties or licenses	<u>Yiyu Guo</u> None	
4	Consulting fees	<u>Yiyu Guo</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Yiyu Guo</u> None	
6	Payment for expert testimony	<u>Yiyu Guo</u> None	
7	Support for attending meetings and/or travel	<u>Yiyu Guo</u> None	
8	Patents planned, issued or pending	<u>Yiyu Guo</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Yiyu Guo</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Yiyu Guo</u> None	
11	Stock or stock options	<u>Yiyu Guo</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Yiyu Guo</u> None	
13	Other financial or non-financial interests	<u>Yiyu Guo</u> None	

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

Yiyu Guo I certify that I have answered every question and have not altered the wording of any of the questions on this form. **X**

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Jun Wu
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
1	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.	<u>Jun Wu</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Jun Wu</u> None	
3	Royalties or licenses	<u>Jun Wu</u> None	
4	Consulting fees	<u>Jun Wu</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Jun Wu</u> None	
6	Payment for expert testimony	<u>Jun Wu</u> None	
7	Support for attending meetings and/or travel	<u>Jun Wu</u> None	
8	Patents planned, issued or pending	<u>Jun Wu</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Jun Wu</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Jun Wu</u> None	
11	Stock or stock options	<u>Jun Wu</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Jun Wu</u> None	
13	Other financial or non-financial interests	<u>Jun Wu</u> None	

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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

Jun Wu I certify that I have answered every question and have not altered the wording of any of the questions on this form. **X**

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Jianping Qin
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work			
1	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.	<u>Jianping Qin</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Jianping Qin</u> None	
3	Royalties or licenses	<u>Jianping Qin</u> None	
4	Consulting fees	<u>Jianping Qin</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Jianping Qin</u> None	
6	Payment for expert testimony	<u>Jianping Qin</u> None	
7	Support for attending meetings and/or travel	<u>Jianping Qin</u> None	
8	Patents planned, issued or pending	<u>Jianping Qin</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Jianping Qin</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Jianping Qin</u> None	
11	Stock or stock options	<u>Jianping Qin</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Jianping Qin</u> None	
13	Other financial or non-financial interests	<u>Jianping Qin</u> None	

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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

Jianping Qin I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Jie Wu
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
1	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.	<u>Jie Wu</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Jie Wu</u> None	
3	Royalties or licenses	<u>Jie Wu</u> None	
4	Consulting fees	<u>Jie Wu</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Jie Wu</u> None	
6	Payment for expert testimony	<u>Jie Wu</u> None	
7	Support for attending meetings and/or travel	<u>Jie Wu</u> None	
8	Patents planned, issued or pending	<u>Jie Wu</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Jie Wu</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Jie Wu</u> None	
11	Stock or stock options	<u>Jie Wu</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Jie Wu</u> None	
13	Other financial or non-financial interests	<u>Jie Wu</u> None	

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

Jie Wu I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Yu Lu
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yu Lu</u> None	
3	Royalties or licenses	<u>Yu Lu</u> None	
4	Consulting fees	<u>Yu Lu</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Yu Lu</u> None	
6	Payment for expert testimony	<u>Yu Lu</u> None	
7	Support for attending meetings and/or travel	<u>Yu Lu</u> None	
8	Patents planned, issued or pending	<u>Yu Lu</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Yu Lu</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Yu Lu</u> None	
11	Stock or stock options	<u>Yu Lu</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Yu Lu</u> None	
13	Other financial or non-financial interests	<u>Yu Lu</u> None	

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

Yu Lu I certify that I have answered every question and have not altered the wording of any of the questions on this form. **X**

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Yan Xiao
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
1	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.	<u>Yan Xiao</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yan Xiao</u> None	
3	Royalties or licenses	<u>Yan Xiao</u> None	
4	Consulting fees	<u>Yan Xiao</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Yan Xiao</u> None	
6	Payment for expert testimony	<u>Yan Xiao</u> None	
7	Support for attending meetings and/or travel	<u>Yan Xiao</u> None	
8	Patents planned, issued or pending	<u>Yan Xiao</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Yan Xiao</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Yan Xiao</u> None	
11	Stock or stock options	<u>Yan Xiao</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Yan Xiao</u> None	
13	Other financial or non-financial interests	<u>Yan Xiao</u> None	

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

Yan Xiao I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Xiaolin Zhang
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
1	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.	Xiaolin Zhang None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Xiaolin Zhang None	
3	Royalties or licenses	Xiaolin Zhang None	
4	Consulting fees	Xiaolin Zhang None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Xiaolin Zhang</u> None	
6	Payment for expert testimony	<u>Xiaolin Zhang</u> None	
7	Support for attending meetings and/or travel	<u>Xiaolin Zhang</u> None	
8	Patents planned, issued or pending	<u>Xiaolin Zhang</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Xiaolin Zhang</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Xiaolin Zhang</u> None	
11	Stock or stock options	<u>Xiaolin Zhang</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Xiaolin Zhang</u> None	
13	Other financial or non-financial interests	<u>Xiaolin Zhang</u> None	

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Xiaolin Zhang I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

ICMJE DISCLOSURE FORM

Date: 2022/2/22
 Your Name: Jianzhou Ye
 Manuscript Title: Chinese herbal medicine Jia Wei Jing Xie Yin ameliorates psoriasis via suppressing the Th17 cell response
 Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
1	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.	<u>Jianzhou Ye</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Jianzhou Ye</u> None	
3	Royalties or licenses	<u>Jianzhou Ye</u> None	
4	Consulting fees	<u>Jianzhou Ye</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Jianzhou Ye</u> None	
6	Payment for expert testimony	<u>Jianzhou Ye</u> None	
7	Support for attending meetings and/or travel	<u>Jianzhou Ye</u> None	
8	Patents planned, issued or pending	<u>Jianzhou Ye</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>Jianzhou Ye</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>Jianzhou Ye</u> None	
11	Stock or stock options	<u>Jianzhou Ye</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>Jianzhou Ye</u> None	
13	Other financial or non-financial interests	<u>Jianzhou Ye</u> None	

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Jianzhou Ye I certify that I have answered every question and have not altered the wording of any of the questions on this form. **X**