Date: March 16 <sup>th</sup> , 2022
Your Name:Ji Wu
Manuscript Title: _ Network pharmacological analysis of active components of Tongqiao Huoxue Decoction in th
treatment of intracerebral hemorrhage
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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
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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.	None	
		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	<u>√</u> _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
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6	Payment for expert	_ <u>√</u> _None	
	testimony		
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7	Support for attending meetings and/or travel	_ <u>√</u> None	
	<i>G</i> ,		
8	Patents planned, issued or	<u>√</u> None	
	pending		
9	Participation on a Data	<u>√</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>√</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment,	_√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>√</u> None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
_			
-	Dr. Wu has nothing to disclose.		
Ple	ease place an "X" next to the	following statement to in	dicate your agreement:

Date: March 16 <sup>th</sup> , 2022
Your Name: Xue-Yu Li
Manuscript Title: _ Network pharmacological analysis of active components of Tongqiao Huoxue Decoction in the
treatment of intracerebral hemorrhage
Manuscript number (if known):

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3	Royalties or licenses	None	
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5	Payment or honoraria for	√ None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	√ None			
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7	Support for attending	√ None			
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9	Participation on a Data	<u>√</u> None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	<u>√</u> _None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	<u>√</u> _None			
12	Receipt of equipment,	_ <u>√</u> None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	<u>√</u> _None			
	financial interests				
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	D T11 311 3 11 1				
	Dr. Li has nothing to disclose.				
Ple	Please place an "X" next to the following statement to indicate your agreement:				
	· · ·				

Date: March 16 <sup>th</sup> , 2022
Your Name:Jing Liang
Manuscript Title: _ Network pharmacological analysis of active components of Tongqiao Huoxue Decoction in the
treatment of intracerebral hemorrhage
Manuscript number (if known):

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	lectures, presentations,	None		
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12	Receipt of equipment,	_ <u>√</u> None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	_√ None		
	financial interests			
	Please summarize the above conflict of interest in the following box:  Dr.Liang has nothing to disclose.			
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date: March 16 <sup>th</sup> , 2022
Your Name: Jian Xie
Manuscript Title: Network pharmacological analysis of active components of Tongqiao Huoxue Decoction in the
treatment of intracerebral hemorrhage
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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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
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6	Payment for expert	<u>√</u> _None		
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9	Participation on a Data Safety Monitoring Board or	_ <u>√</u> _None		
	Advisory Board			
10	Leadership or fiduciary role	√ None		
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	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	√None		
12	Receipt of equipment,	_ <u>√</u> None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	<u>√</u> _None		
	financial interests			
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	Dr.Xie has nothing to disclose.			
Pام	Please place an "X" next to the following statement to indicate your agreement:			
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Date <u>:</u>	_ March 16 <sup>th</sup> , 2022
Your Nam	ne: <u>Cheng-Neng Deng</u>
Manuscrij	pt Title: _ Network pharmacological analysis of active components of Tongqiao Huoxue Decoction in the
treatment	t of intracerebral hemorrhage
Manuscrij	pt number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	√None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Payment for attending meetings and/or travel  Participation on a Data Safety Monitoring Board or Advisory Board  Patticipation on a Data Safety Monitoring Board or Advisory Board  Patticipation on a Data Safety Monitoring Board or Advisory Board  Participation on a Data Safety Monitoring Board or Advisory Board  Participation on a Data Safety Monitoring Board or Advisory Board  Participation on a Data Safety Monitoring Board or Advisory Board  Participation on a Data Safety Mone  Participation on a Data Safety Mone  Presser in the following box:  Please summarize the above conflict of interest in the following box:  Please place an "X" next to the following statement to indicate your agreement:						
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speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  Dr. Deng has nothing to disclose.						
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Preceipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial interests  Please summarize the above conflict of interest in the following box:  Dr. Deng has nothing to disclose.		speakers bureaus,				
Payment for expert testimony   J None		manuscript writing or				
testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  Dr. Deng has nothing to disclose.		educational events				
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Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  Dr. Deng has nothing to disclose.		pending				
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  Dr. Deng has nothing to disclose.						
Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  Dr. Deng has nothing to disclose.	9		<u>√</u> _None			
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Date: March 16 <sup>th</sup> , 2022
Your Name: Zhi-jun Chen
Manuscript Title: _ Network pharmacological analysis of active components of Tongqiao Huoxue Decoction in the
treatment of intracerebral hemorrhage
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).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for		None			
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert		None			
	testimony					
7	Support for attending	<u>-√</u>	None			
	meetings and/or travel					
8	Patents planned, issued or		None			
	pending					
9	Participation on a Data	_√	None			
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	<b>√</b>	None			
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options		None			
L2	Receipt of equipment,		None			
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-		None			
	financial interests					
Please summarize the above conflict of interest in the following box:						
	Dr. Chen has nothing to disclos	e.				
Please place an "X" next to the following statement to indicate your agreement:						
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		_	_			
	<u>X</u> _ I certify that I have an	swered	every question an	d have not altered the wording of any of the questions		

Date: March 16 <sup>th</sup>	2022
Your Name: <u>Chang-S</u>	heng Lai
Manuscript Title: _ Ne	twork pharmacological analysis of active components of Tongqiao Huoxue Decoction in the
treatment of intracere	bral hemorrhage
Manuscript number (if	known):

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4	Consulting fees	None	

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5	Payment or honoraria for	<u>√</u> _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
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7	Support for attending	√ None	
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8	Patents planned, issued or	√ None	
J	pending	None	
9	Participation on a Data	√ None	
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	group, paid or unpaid		
11	Stock or stock options	<u>√</u> _None	
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12	Receipt of equipment, materials, drugs, medical	_ <u>√</u> _None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	Dr. Lai has nothing to disclose.		
Ple	ease place an "X" next to the	e following statement to i	ndicate your agreement:

Date: March 16 <sup>th</sup> , 2022				
Your Name: Zhao-Jian Yang				
Manuscript Title: _ Network pharmacological analysis of active components of Tongqiao Huoxue Decoction in the				
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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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	<u>√</u> _None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	<u>√</u> None			
	testimony				
7	Support for attending meetings and/or travel	_ <u>√</u> None			
	ŭ ,				
8	Patents planned, issued or	<u>√</u> None			
	pending				
9	Participation on a Data	√ None			
	Safety Monitoring Board or				
	Advisory Board				
10	<u> </u>	,			
10	Leadership or fiduciary role	<u>√</u> _None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	<u>√</u> None			
12	Receipt of equipment,	_√ None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	√ None			
	nancial interests				
	manda meerests				
Ple	ase summarize the above co	onflict of interest in the fo	lowing box:		
	Dr. Yang has nothing to disclose	b.			
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