

ICMJE DISCLOSURE FORM

Date: 2024.4.1

Your Name: Yini Fang

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

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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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> ✓ </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> ✓ </u> None	
3	Royalties or licenses	<u> ✓ </u> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> ✓ </u> None	
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8	Patents planned, issued or pending	<u> ✓ </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> ✓ </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> ✓ </u> None	
11	Stock or stock options	<u> ✓ </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> ✓ </u> None	
13	Other financial or non-financial interests	<u> ✓ </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:

 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

Date: 2024.4.1

Your Name: Haoran Wu

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024.4.1

Your Name: Xue Liang

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024.4.1

Your Name: Tianxing Li

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

Manuscript number (if known): _____

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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.	National Nonprofit Institute Research Grant for Institute of Basic Theory for Chinese Medicine, CACMS (No. YZ-202151)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> ✓ </u> None	
3	Royalties or licenses	<u> ✓ </u> None	
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13	Other financial or non-financial interests	<u> ✓ </u> None	

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

Tianxing Li reports funding support from National Nonprofit Institute Research Grant for Institute of Basic Theory for Chinese Medicine, CACMS (No. YZ-202151).

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ICMJE DISCLOSURE FORM

Date: 2024.4.1

Your Name: Ruiting Jia

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024.4.1

Your Name: Yang Dong

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

Manuscript number (if known): _____

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Date: 2024.4.1

Your Name: Yanfei Zheng

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

Manuscript number (if known): _____

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Date: 2024.4.1

Your Name: Qi Wang

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

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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.	the Key Research and Development Program of the Ministry of Science and Technology (No. 2022YFC2010104)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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Your Name: Lingru Li

Manuscript Title: Efficacy and safety assessment of traditional Chinese patent medicine for dyslipidemia: a meta-analysis and trial sequential analysis

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