

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Wenjie	2. Surname (Last Name) Cong	3. Date 22-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhenzhen Jin
5. Manuscript Title The effect of electroacupuncture on regulating pain and depression-like behaviors induced by chronic neuropathic pain		
6. Manuscript Identifying Number (if you know it) APM-20-1900		

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Dr. Cong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yu	2. Surname (Last Name) Peng	3. Date 22-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhenzhen Jin
5. Manuscript Title The effect of electroacupuncture on regulating pain and depression-like behaviors induced by chronic neuropathic pain		
6. Manuscript Identifying Number (if you know it) APM-20-1900		

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Dr. Peng has nothing to disclose.

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1. Given Name (First Name) Bojun	2. Surname (Last Name) Meng	3. Date 22-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhenzhen Jin
5. Manuscript Title The effect of electroacupuncture on regulating pain and depression-like behaviors induced by chronic neuropathic pain		
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1. Given Name (First Name) Xiang	2. Surname (Last Name) Jia	3. Date 22-September-2020
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Dr. Jia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Zhenzhen

2. Surname (Last Name)
Jin

3. Date
22-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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