



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Qiubing

2. Surname (Last Name)
Li

3. Date
18-March-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Effect and Pharmacology of Yizhi Sheng Hui Decoction on Alzheimer's Disease

6. Manuscript Identifying Number (if you know it)
APM-20-1629

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Yi	2. Surname (Last Name) Hou	3. Date 18-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qiubing Li
5. Manuscript Title The Effect and Pharmacology of Yizhi Sheng Hui Decoction on Alzheimer's Disease		
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Baosheng

2. Surname (Last Name)

Zhao

3. Date

18-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Qiubing Li

5. Manuscript Title

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1. Given Name (First Name) Rong	2. Surname (Last Name) Mei	3. Date 18-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qiubing Li
5. Manuscript Title The Effect and Pharmacology of Yizhi Sheng Hui Decoction on Alzheimer's Disease		
6. Manuscript Identifying Number (if you know it) APM-20-1629		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 1. Identifying Information

1. Given Name (First Name) Shuo	2. Surname (Last Name) Wang	3. Date 18-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qiubing Li
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