

ICMJE DISCLOSURE FORM

Date: **2021.4.27**

Your Name: **Ying Lu**

Manuscript Title: **The effects of traditional Chinese medicine sensory stimulation combined with transcranial direct current stimulation on deglutition and related complications in stroke patients with dysphagia**

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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		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			
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3	Royalties or licenses	_____None	
4	Consulting fees	_____None	

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

<p>The authors have no conflicts of interest to declare.</p>
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Please place an "X" next to the following statement to indicate your agreement:

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Date: 2021.4.27

Your Name: Wangyang Zhou

Manuscript Title: The effects of traditional Chinese medicine sensory stimulation combined with transcranial direct current stimulation on deglutition and related complications in stroke patients with dysphagia

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Date: **2021.4.27**

Your Name: **Yachen Lin**

Manuscript Title: **The effects of traditional Chinese medicine sensory stimulation combined with transcranial direct current stimulation on deglutition and related complications in stroke patients with dysphagia**

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Your Name: Yupeng Du

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Your Name: **Xiaojing Zhang**

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