

ICMJE DISCLOSURE FORM

Date: 5/21/2021

Your Name: Meijun He

Manuscript Title: Traditional Chinese patent medicine for bile reflux gastritis: a network meta-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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		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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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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Date: 5/21/2021

Your Name: Qun Wang

Manuscript Title: Traditional Chinese patent medicine for bile reflux gastritis: a network meta-analysis.

Manuscript number (if known): _____

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Date: 5/21/2021

Your Name: Lin Liu

Manuscript Title: Traditional Chinese patent medicine for bile reflux gastritis: a network meta-analysis.

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ICMJE DISCLOSURE FORM

Date: 5/21/2021
 Your Name: Guang Bai
 Manuscript Title: Traditional Chinese patent medicine for bile reflux gastritis: a network meta-analysis.
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