

ICMJE DISCLOSURE FORM

Date: July. 1th, 2021

Your Name: **Lun Chen**

Manuscript Title: Pharmacological mechanism of JiaWeiSiWu granule in the treatment of hypertension based on network pharmacology

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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

None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: July. 1th, 2021

Your Name: **Tong Zhu**

Manuscript Title: Pharmacological mechanism of JiaWeiSiWu granule in the treatment of hypertension based on network pharmacology

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Date: July. 1th, 2021

Your Name: Jia Qi

Manuscript Title: Pharmacological mechanism of JiaWeiSiWu granule in the treatment of hypertension based on network pharmacology

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Date: July. 1th, 2021

Your Name: **Yufeng Zhang**

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Your Name: **Zigang Zhang**

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Your Name: **Haitao LIU**

Manuscript Title: Pharmacological mechanism of JiaWeiSiWu granule in the treatment of hypertension based on network pharmacology

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