

ICMJE DISCLOSURE FORM

Date: 20210819

Your Name: Yu-Li Cui

Manuscript Title: A systematic review and meta-analysis of the correlation between Helicobacter pylori infection and chronic urticaria

Manuscript number (if known): APM-21-2324

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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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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	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

The author declares no conflicts of interest.

Please place an "X" next to the following statement to indicate your agreement:

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: 20210819

Your Name: Bo-Yang Zhou

Manuscript Title: A systematic review and meta-analysis of the correlation between Helicobacter pylori infection and chronic urticaria

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Date: 20210819

Your Name: Guang-Cheng Gao

Manuscript Title: A systematic review and meta-analysis of the correlation between Helicobacter pylori infection and chronic urticaria

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