

## ICMJE DISCLOSURE FORM

**Date:** September 15, 2021

**Your Name:** Pingchang Xie

**Manuscript Title:** Clinical effects of Lingguizhugan decoction in the treatment of hypertension: a meta-analysis

**Manuscript number (if known):** None

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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The authors have no conflicts of interest to declare.

**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.**

## ICMJE DISCLOSURE FORM

Date: September 15, 2021

Your Name: Xinmei Li

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**Your Name:** Hua Jiang

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**Date:** September 15, 2021

**Your Name:** Yunyu Liang

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