

ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Yu-Long Chen

Manuscript Title: Study on the mechanism of ErtongKe granules in the treatment of cough using network pharmacology and molecular docking technology

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I have declared no conflict of interest.

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

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ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Wei-Xia Li

Manuscript Title: Study on the mechanism of ErtongKe granules in the treatment of cough using network pharmacology and molecular docking technology

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Hui Zhang

Manuscript Title: Study on the mechanism of ErtongKe granules in the treatment of cough using network pharmacology and molecular docking technology

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Xiao-Yan Wang

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ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Shu-Qi Zhang

Manuscript Title: Study on the mechanism of ErtongKe granules in the treatment of cough using network pharmacology and molecular docking technology

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Ming-Liang Zhang

Manuscript Title: Study on the mechanism of ErtongKe granules in the treatment of cough using network pharmacology and molecular docking technology

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Jun Han

Manuscript Title: Study on the mechanism of ErtongKe granules in the treatment of cough using network pharmacology and molecular docking technology

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13	Other financial or non-financial interests	Yangtze River Pharmaceutical Group	

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

Dr. Jun Han is from Yangtze River Pharmaceutical Group.

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Date: September, 28, 2021

Your Name: Kun Li

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ICMJE DISCLOSURE FORM

Date: September, 28, 2021

Your Name: Ke-Ran Feng

Manuscript Title: Study on the mechanism of ErtongKe granules in the treatment of cough using network pharmacology and molecular docking technology

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3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	<u>√</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I have declared no conflict 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.