

ICMJE DISCLOSURE FORM

Date: Sep. 27th, 2022

Your Name: Lei Chen

Manuscript Title: Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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:

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ICMJE DISCLOSURE FORM

Date: Sep. 27th, 2022

Your Name: Yuansheng Zhang

Manuscript Title: Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sep. 27th, 2022

Your Name: Yuewu Chen

Manuscript Title: Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis

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ICMJE DISCLOSURE FORM

Date: ___Sep. 27th, 2022___

Your Name: ___Yangshen Su___

Manuscript Title: ___Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis___

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sep. 27th, 2022

Your Name: Ying Luo

Manuscript Title: Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis

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ICMJE DISCLOSURE FORM

Date: Sep. 27th, 2022

Your Name: Zengfan Wu

Manuscript Title: Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis

Manuscript number (if known): _____

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Date: Sep. 27th, 2022

Your Name: Wanling Zheng

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ICMJE DISCLOSURE FORM

Date: Sep. 27th, 2022

Your Name: Xianxia Liu

Manuscript Title: Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis

Manuscript number (if known): _____

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Date: Sep. 27th, 2022

Your Name: Xiaoyan Wu

Manuscript Title: Qishen Yiqi dropping pills improve cardiomyocyte hypertrophy via the lncRNA TINCR/miR-193b-3p/RORA axis

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