ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sipeng

2. Surname (Last Name)  
   Wu

3. Date  
   02-July-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Ning Wang

5. Manuscript Title  
   Naoluo Xintong Capsule Ameliorates Apoptosis induced by Endoplasmic Reticulum Stress in rats with Cerebral Ischemia/Reperfusion injury

6. Manuscript Identifying Number (if you know it)  
   APM-20-387

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Dr. Wu has nothing to disclose.

Evaluation and Feedback
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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Xinxin

2. **Surname (Last Name)**  
   Piao

3. **Date**  
   02-July-2020

4. **Are you the corresponding author?**  
   [ ] Yes  
   ✔ No

   **Corresponding Author’s Name**  
   Ning Wang

5. **Manuscript Title**  
   Naoluo Xintong Capsule Ameliorates Apoptosis induced by Endoplasmic Reticulum Stress in rats with Cerebral Ischemia/Reperfusion injury

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### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
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Dr. Piao has nothing to disclose.

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1. Given Name (First Name)  
   Ning

2. Surname (Last Name)  
   Wang

3. Date  
   02-July-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
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1. Given Name (First Name)  
   Yan

2. Surname (Last Name)  
   Zhai

3. Date  
   02-July-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Ning Wang

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