ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Hui

2. Surname (Last Name)  
   Xu

3. Date  
   11-June-2020

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

Corresponding Author’s Name  
Qiaoning Zhou, Xiangcheng Xiao

5. Manuscript Title  
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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Xiaozhao  

2. Surname (Last Name)  
Li  

3. Date  
11-June-2020  

4. Are you the corresponding author?  
 Yes  
 No  

Corresponding Author’s Name  
Qiaoning Zhou, Xiangcheng Xiao  

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Qiongjing

2. Surname (Last Name)  
Yuan

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<td>Chen</td>
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5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Zhangzhe  

2. Surname (Last Name)  
   Peng  

3. Date  
   11-June-2020  

4. Are you the corresponding author?  
   Yes [ ]  
   No [X]  
   Corresponding Author’s Name  
   Qiaoning Zhou, Xiangcheng Xiao  

5. Manuscript Title  
   A meta-analysis of the clinical efficacy and safety of Bailing capsules in the treatment of nephrotic syndrome  

6. Manuscript Identifying Number (if you know it)  

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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?  
   Yes [ ]  
   No [X]  

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**Section 3. Relevant financial activities outside the submitted work.**

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**Section 4. Intellectual Property -- Patents & Copyrights**

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**Section 6. Disclosure Statement**

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Dr. Peng has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Identifying Information

1. Given Name (First Name)  
   Xiangcheng

2. Surname (Last Name)  
   Xiao

3. Date  
   11-June-2020

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   ✔ Yes  
   No

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Qiaoning

2. Surname (Last Name)  
   Zhou

3. Date  
   11-June-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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