ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)
   Hu

2. Surname (Last Name)
   Guo

3. Date
   24-July-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name
   Wei Fang; Yu Zheng; Suxin Wan

5. Manuscript Title
   Xuebijing injection in the treatment of COVID-19: a retrospective case-control study

6. Manuscript Identifying Number (if you know it)

---

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---

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

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Dr. Guo has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jiangyuan

2. Surname (Last Name)  
   Zheng

3. Date  
   24-July-2020

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

5. Manuscript Title  
   Xuebijing injection in the treatment of COVID-19: a retrospective case-control study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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   [ ] Yes  
   [✓] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   [✓] No
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Dr. Zheng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gu
2. Surname (Last Name) Huang
3. Date 24-July-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Wei Fang; Yu Zheng; Suxin Wan
5. Manuscript Title Xuebijing injection in the treatment of COVID-19: a retrospective case-control study
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Dr. Huang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Yi
2. Surname (Last Name)  Xiang
3. Date  24-July-2020
4. Are you the corresponding author?  No
5. Manuscript Title  Xuebijing injection in the treatment of COVID-19: a retrospective case-control study
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Chun hui
2. Surname (Last Name) Lang
3. Date 24-July-2020
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   Corresponding Author’s Name Wei Fang；Yu Zheng；Suxin Wan
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Dr. Lang has nothing to disclose.

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1. Given Name (First Name)  
   Bo qun

2. Surname (Last Name)  
   Li

3. Date  
   24-July-2020

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

   Corresponding Author’s Name  
   Wei Fang; Yu Zheng; Suxin Wan

5. Manuscript Title  
   Xuebijing injection in the treatment of COVID-19: a retrospective case-control study

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No
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Dr. Li has nothing to disclose.

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<td>Huang</td>
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1. Given Name (First Name)  Qiu yan
2. Surname (Last Name)  Sun
3. Date  24-July-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Wei Fang; Yu Zheng; Suxin Wan
5. Manuscript Title  Xuebijing injection in the treatment of COVID-19: a retrospective case-control study
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Ya ling  

2. Surname (Last Name)  
   Luo  

3. Date  
   24-July-2020  

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

5. Manuscript Title  
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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.**

2. **The work under consideration for publication.**

   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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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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**Definitions.**

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<tr>
<td>Wei</td>
<td>Fang</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

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

Evaluation and Feedback

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