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) Yuwen
2. Surname (Last Name) Luo
3. Date 01-July-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Yong Li

5. Manuscript Title
   A Randomized Controlled Trial of Chinese Traditional Medicine Dachengqi Decoction in the Treatment of Postoperative Intestinal Function Recovery

6. Manuscript Identifying Number (if you know it)
   TCR-19-2671-R1

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Dr. Luo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Xingyu

2. Surname (Last Name)  
   Feng

3. Date  
   01-July-2020

4. Are you the corresponding author?  
   No

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   Yes

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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Dr. Feng reports grants from Research Fund of Guangdong Provincial People’s Hospital, outside the submitted work;

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<tbody>
<tr>
<td>Deqing</td>
<td>Wu</td>
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</table>

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

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1. Given Name (First Name)  
   Junjiang

2. Surname (Last Name)  
   Wang

3. Date  
   01-July-2020

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   Corresponding Author’s Name  
   Yong Li

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   Zejian

2. Surname (Last Name)  
   Lyv

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Corresponding Author’s Name  
Yong Li

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Section 1.

Identifying Information

1. Given Name (First Name)  Jiabin
2. Surname (Last Name)  Zheng
3. Date  01-July-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   A Randomized Controlled Trial of Chinese Traditional Medicine Dachengqi Decoction in the Treatment of Postoperative Intestinal Function Recovery

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

Section 3.

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Zheng has nothing to disclose.

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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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Section 1. Identifying Information

1. Given Name (First Name)  
   Kheng Tian

2. Surname (Last Name)  
   Lim

3. Date  
   01-July-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Yong Li

5. Manuscript Title  
   A Randomized Controlled Trial of Chinese Traditional Medicine Dachengqi Decoction in the Treatment of Postoperative Intestinal Function Recovery

6. Manuscript Identifying Number (if you know it)  
   TCR-19-2671-R1

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1. Given Name (First Name)  
Yong

2. Surname (Last Name)  
Li

3. Date  
01-July-2020

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

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