ICMJE DISCLOSURE FORM

Date: Nov, 23th, 2021

Your Name: Jieqiong Liang

Manuscript Title: Current status of Chinese herbal medicine to treat allergic rhinitis in children: from the perspective of Western medicine—A Narrative Review

Manuscript number (if known):

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| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                       |
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Please summarize the above conflict of interest in the following box:

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Please place an “X” next to the following statement to indicate your agreement:

__ X __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: Nov 23rd, 2021

Your Name: Qinglong Gu

Manuscript Title: Current status of Chinese herbal medicine to treat allergic rhinitis in children: from the perspective of Western medicine—A Narrative Review

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| 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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                  | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                        | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                    | X | None |

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