ICMJE DISCLOSURE FORM

Date: ___2021-10-08________________________

Your Name: ___Jinlong Zhuang________________________

Manuscript Title: ___Shenqi Lixin Decoction improves cardiac function in rats with adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway___

Manuscript number (if known): __________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Clinical Special Project Fund Project of Fujian University of Traditional Chinese Medicine (XB2018126). |
|   | **Time frame: Since the initial planning of the work**                                                    |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                  | __√__ None                                                                        |
| 3 | Royalties or licenses                                                                                    | __√__ None                                                                        |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | √ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | √ None |
| 6 | Payment for expert testimony | √ None |
| 7 | Support for attending meetings and/or travel | √ None |
| 8 | Patents planned, issued or pending | √ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | √ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | √ None |
| 11 | Stock or stock options | √ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | √ None |
| 13 | Other financial or non-financial interests | √ None |

Please summarize the above conflict of interest in the following box:

DR. Zhuang received funding support from Clinical Special Project Fund Project of Fujian University of Traditional Chinese Medicine (XB2018126).

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.
ICMJE DISCLOSURE FORM

Date: ___ 2021-10-08
Your Name: Jian Zhu
Manuscript Title: Shenqi Lixin Decoction improves cardiac function in rats with adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __ √ __ None |
| 3 | Royalties or licenses | __ √ __ None |

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|----------------------------------------------------------------------------|--------|
| 4 | Consulting fees                                                           | None   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | None   |
|   | manuscript writing or educational events                                   |        |
| 6 | Payment for expert testimony                                              | None   |
| 7 | Support for attending meetings and/or travel                               | None   |
| 8 | Patents planned, issued or pending                                         | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board          | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy| None   |
|   | group, paid or unpaid                                                      |        |
| 11| Stock or stock options                                                     | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other    | None   |
|   | services                                                                    |        |
| 13| Other financial or non-financial interests                                  | None   |

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DR. Zhu received funding support from Clinical Special Project Fund Project of Fujian University of Traditional Chinese Medicine (XB2018126).

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.
ICMJE DISCLOSURE FORM

Date: ___ 2021-10-08 _______________________________________________________________
Your Name: __ Yan Dou _____________________________________________________________
Manuscript Title: __ Shenqi Lixin Decoction improves cardiac function in rats with adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway __
Manuscript number (if known): ___________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   |                                                                                               |                                                                                   |
|   | **Time frame: past 36 months**                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). __√__ None             |                                                                                   |
| 3 | Royalties or licenses __√__ None                                                               |                                                                                   |
|   |   |   |
|---|---|---|
| **4** | Consulting fees | _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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DR. Dou received funding support from Clinical Special Project Fund Project of Fujian University of Traditional Chinese Medicine (XB2018126).

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Date: ___2021-10-08______________________________

Your Name: __Xiaqing Chen___________________________________________________________

Manuscript Title: __Shenqi Lixin Decoction improves cardiac function in rats with Adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway__

Manuscript number (if known):________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | No time limit for this item.                                                                   |                                                                                  |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).         | __✓__ None |
| 3 | Royalties or licenses                                                            | __✓__ None |

**Time frame: past 36 months**
|   |   |   |
|---|---|---|
| 4 | Consulting fees | _√_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _√_ None |
| 6 | Payment for expert testimony | _√_ None |
| 7 | Support for attending meetings and/or travel | _√_ None |
| 8 | Patents planned, issued or pending | _√_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _√_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _√_ None |
| 11 | Stock or stock options | _√_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _√_ None |
| 13 | Other financial or non-financial interests | _√_ None |

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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: __ 2021-10-08
Your Name: __ Hua Chen
Manuscript Title: __ Shenqi Lixin Decoction improves cardiac function in rats with adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway __
Manuscript number (if known): _________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| Time frame: past 36 months |                                                                                   |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __✓ __None |
| 3 | Royalties or licenses | __ ✓ __None |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 6 | Payment for expert testimony | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 7 | Support for attending meetings and/or travel | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 8 | Patents planned, issued or pending | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 11 | Stock or stock options | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |
| 13 | Other financial or non-financial interests | _\(^\_\)_\(\_\)\(\_\)\(\_\)None |

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DR. Chen received funding support from Clinical Special Project Fund Project of Fujian University of Traditional Chinese Medicine (XB2018126).

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

_\(^\_\)_\(\_\) 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: ___2021-10-08______
Your Name: __Xuean Liu______________________________
Manuscript Title: __Shenqi Lixin Decoction improves cardiac function in rats with adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway__
Manuscript number (if known): __________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | No time limit for this item.                                                                     |                                                                                  |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | __✓__ None                                                                         |
| 3 | Royalties or licenses                                                                           | __✓__ None                                                                         |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | _√_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _√_ None |
| 6 | Payment for expert testimony | _√_ None |
| 7 | Support for attending meetings and/or travel | _√_ None |
| 8 | Patents planned, issued or pending | _√_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _√_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _√_ None |
| 11 | Stock or stock options | _√_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _√_ None |
| 13 | Other financial or non-financial interests | _√_ None |

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_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: ___2021-10-08___
Your Name: ___Genghai Lin___
Manuscript Title: __Shenqi Lixin Decoction improves cardiac function in rats with adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway__
Manuscript number (if known): ____________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Time frame: past 36 months |
|---|----------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __✓__ None |

| 3 | Royalties or licenses | __✓__ None |
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|---|---|
| 4 | Consulting fees | _√_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _√_ None |
| 6 | Payment for expert testimony | _√_ None |
| 7 | Support for attending meetings and/or travel | _√_ None |
| 8 | Patents planned, issued or pending | _√_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _√_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _√_ None |
| 11 | Stock or stock options | _√_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _√_ None |
| 13 | Other financial or non-financial interests | _√_ None |

**Please summarize the above conflict of interest in the following box:**

DR. Lin received funding support from Clinical Special Project Fund Project of Fujian University of Traditional Chinese Medicine (XB2018126).

**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: ___ 2021-10-08 ____________________________
Your Name: Fahui Ruan

Manuscript Title: Shenqi Lixin Decoction improves cardiac function in rats with adriamycin-induced heart failure through modulation of PGC-1α and mitochondrial apoptosis pathway

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Time frame: past 36 months

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2 Grants or contracts from any entity (if not indicated in item #1 above). __√__ None

3 Royalties or licenses __√__ None
|   |   |   |
|---|---|---|
| 4 | Consulting fees | _√_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _√_ None |
| 6 | Payment for expert testimony | _√_ None |
| 7 | Support for attending meetings and/or travel | _√_ None |
| 8 | Patents planned, issued or pending | _√_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _√_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _√_ None |
| 11 | Stock or stock options | _√_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _√_ None |
| 13 | Other financial or non-financial interests | _√_ None |

Please summarize the above conflict of interest in the following box:

DR. Ruan received funding support from Clinical Special Project Fund Project of Fujian University of Traditional Chinese Medicine (XB2018126).

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.