

ICMJE DISCLOSURE FORM

Date: 3/1/2023

Your Name: Rebecca Stinson

Manuscript Title: the pharmacology of Vicks VapoRub'

Manuscript Number (if known): Click or tap here to enter text.

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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ICMJE DISCLOSURE FORM

Date: 3/1/2023

Your Name: Alyn Morice

Manuscript Title: the pharmacology of Vicks VapoRub'

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 9/15/2023

Your Name: Basir Ahmad

Manuscript Title: Ingredients of Vicks VapoRub inhibit Rhinovirus induced ATP release

Manuscript Number (if known): DIC-2023-3-2

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ICMJE DISCLOSURE FORM

Date: 2/27/2023

Your Name: Laura Sadofsky

Manuscript Title: The Pharmacology of Vicks VapoRub

Manuscript Number (if known): [Click or tap here to enter text.](#)

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