

Dear Prof Mir Misbahuddin,
Editor, Bangladesh Journal of Pharmacology

Thank you very much for your respond of our submission that the video can't be opened. I would like to inform you that I have resubmit the video at google drive, hopefully that this video can be opened.

I would like to ask you, Should I resubmit our manuscript for our submission was archived and the status was rejected. I am awaiting you confirmation what should I do to restore our submission.

Thank you for your cooperation

Regards

Dr. Wahyu Widowati., M.Si
Medical Research Center
Faculty of Medicine
Maranatha Christian University
Jl. Prof drg. Suria Sumantri No.65
Bandung 40164, Indonesia

Dear Sir,

Each author, from his/her email, has to submit the following:

- a) Conflict of Interest form filled up
- b) ORCID information up to the last 5 years

Video Clip:

- a) No background music
- b) Text must be uniform in size; some are too small
- c) Duration of some texts are not sufficient to read

Manuscript:

- a) Data will be one digit after dot

Plagiarism:

- a) 11% - it is acceptable

Dear Dr. Wahyu Widowati:

We have reached a decision regarding your submission to Bangladesh Journal of Pharmacology, "Anti-inflammatory Effects of Madeira-vine (*Anredera cordifolia* (Ten.) Steenis) and Red betel (*Piper crocatum* Ruiz & Pav.) Extract in LPS-Stimulated Raw 264.7 Cells".

Our decision is:

Accepted for publication but minor modifications are needed.

Each author from his/her email must submit the following:

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- b) ORCID information up to the last 5 years

To get, click the following links:

ORCID iD: www.orcid.org/register

<https://drive.google.com/file/d/0B1IXJeBGJaJFdHVQRXNUdExSYIk>

Dear Sir,

I am sending the galley proof for your approval.

Regards,

Misbahuddin

Conflict of Interest

The purpose of this form is to provide readers of your paper with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form has six parts. **Please don't scan this copy**

Section 1: Identifying Information

1. Your First Name: _____ Middle Name: _____ Family Name: _____

2. Are the Corresponding Author
Yes No If No, then name the Corresponding Author _____

3. Manuscript Title: _____

4. Manuscript ID: _____

Section 2: The work under consideration for publication

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

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment

Section 3: Relevant financial activities outside the submitted work

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment

Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment

Section 5: [Relationships not covered above](#)

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

ORCID iD:

Date:

email:

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment

Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment

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Section 6: [Disclosure Statement](#)

ORCID iD:

Date:

email: