Date:_2022/11/04
Your Name: Huili Huang
Manuscript Title: Effect of Bining decoction on gouty nephropathy: a network pharmacology analysis and
preliminary validation of gut microbiota in a mouse model
Manuscript number (if known):

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		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending	None	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	writing, gifts or other services	None	
13	writing, gifts or other services Other financial or non-	None	
	writing, gifts or other services	None	
	writing, gifts or other services Other financial or non-	None	
	writing, gifts or other services Other financial or non-	None	
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13	writing, gifts or other services Other financial or non-financial interests		ollowing box:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

Date:_2022/11/04
Your Name: Ying Tong
Manuscript Title: Effect of Bining decoction on gouty nephropathy: a network pharmacology analysis and
preliminary validation of gut microbiota in a mouse model
Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This work was supported by grants from the Heilongjiang Natural Science Foundation Joint Guidance Project of China (No. LH2019H115).	
		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	
			•

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

This work was supported by grants fro China (No. LH2019H115).	om the Heilongjiang Natural Science Foundation Joint Guidance Project of

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

Date: <u>2022/11/04</u> Your Name:Tong Fu	
Manuscript Title: Effect of Bining decoction on go	uty nephropathy: a network pharmacology analysis and
preliminary validation of gut microbiota in a mou	se model
Manuscript number (if known):	
In the interest of transparency, we ask you to dis	close all relationships/activities/interests listed below tha

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	Theetings and or travel		
8	Patents planned, issued or	None	
	pending		
9	Dawkiningtion on a Data	Nege	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of a minus out	Maga	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above of	onflict of interest in the fo	llowing box:

Date: 2022/11/04
Your Name:Danmei Lin
Manuscript Title: Effect of Bining decoction on gouty nephropathy: a network pharmacology analysis and
preliminary validation of gut microbiota in a mouse model
Manuscript number (if known): ARES-EF34-2210-22-1099-ZLH-6

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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	None	
	educational events	Nana	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
•	5 5 .	NI.	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		
- 1			

Date:_2022/11/04
Your Name:Hansheng Li
Manuscript Title: Effect of Bining decoction on gouty nephropathy: a network pharmacology analysis and
preliminary validation of gut microbiota in a mouse model
Manuscript number (if known):
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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	Theetings and or travel		
8	Patents planned, issued or	None	
	pending		
9	Dawkiningtion on a Data	Nege	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of a minus out	Maga	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above of	onflict of interest in the fo	llowing box:

Date: _2022/11/04	
Your Name:Li Xu	
Manuscript Title: Effect of Bining decoction on gouty nephropathy: a network ph preliminary validation of gut microbiota in a mouse model	narmacology analysis and
Manuscript number (if known):	
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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	Tinanciai interests		
Г	ease summarize the above c	onflict of interest in the fo	llowing box:

None	

Date:_2022/11/04
Your Name:Senyue Zhang
Manuscript Title:Effect of Bining decoction on gouty nephropathy: a network pharmacology analysis and
preliminary validation of gut microbiota in a mouse model
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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	None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	Theetings and or travel		
8	Patents planned, issued or	None	
	pending		
9	Dawkiningtion on a Data	Nege	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of a minus out	Maga	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above of	onflict of interest in the fo	llowing box:

Date: 2022/11/04	
Your Name:Yanzhe Yin	
Manuscript Title: Effect of Bining decoction on gouty nephropathy: a	network pharmacology analysis and
preliminary validation of gut microbiota in a mouse model	
Manuscript number (if known):	
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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		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	None			
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
	Theetings and or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
9	Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical	None			
	writing, gifts or other services				
13	Other financial or non-	None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box: None				

Date:_2022/11/04
Your Name:Yiran Gao
Manuscript Title: Effect of Bining decoction on gouty nephropathy: a network pharmacology analysis and
preliminary validation of gut microbiota in a mouse model
Manuscript number (if known):

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	All control	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mine for this term.		
		Time frame: past	26 months
2	Grants or contracts from	None	30 monus
	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
3	Noyunces of meetises	140112	
4	Consulting fees	None	

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