Date:	2023/02/22	
Your Name:	Yunyun Jiang	
Manuscript Title:	Integrated UPLC-MS, network pharmacology, and intestinal flora analysis to determine	ıe
the treatment effe	ct of Qiangzhi decoction on comorbid Tourette syndrome and RRTI	
Manuscript number	(if known):	
	nsparency, we ask you to disclose all relationships/activities/interests listed below that are	

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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)
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.	Time frame: Since the initialXNone	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNoneXNone	36 months
4	Consulting fees	XNone	

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

Date:	_2023/02/22
Your Name:	Ting Zhan
Manuscript Title:	Integrated UPLC-MS, network pharmacology, and intestinal flora analysis to determine
the treatment effect	t of Qiangzhi decoction on comorbid Tourette syndrome and RRTI
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
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	.2023/02/22
Your Name:	Mei Wang
Manuscript Title:	Integrated UPLC-MS, network pharmacology, and intestinal flora analysis to determine
the treatment effect	of Qiangzhi decoction on comorbid Tourette syndrome and RRTI
Manuscript number (if	f known):

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1	All support for the present	XNone	
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	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	.2023/02/22
Your Name:	Yuting Duan
Manuscript Title:	Integrated UPLC-MS, network pharmacology, and intestinal flora analysis to determine
the treatment effect	of Qiangzhi decoction on comorbid Tourette syndrome and RRTI
Manuscript number (if	f 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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1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	.2023/02/22
Your Name:	Xueqiang Wu
Manuscript Title:	Integrated UPLC-MS, network pharmacology, and intestinal flora analysis to determine
the treatment effect	of Qiangzhi decoction on comorbid Tourette syndrome and RRTI
Manuscript number (if	f known):

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	I	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	2023/02/22	
Your Name:	Anran Song	
Manuscript Title:	Integrated UPLO	<u>C-MS, network pharmacology, and intestinal flora analysis to determine</u>
the treatment effe	ct of Qiangzhi dec	oction on comorbid Tourette syndrome and RRTI
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,	XNone	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time from 200 and	26
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	_2023/02/22	
Your Name:	Jianmin Liu	
Manuscript Title:	Integrated UPLO	<u>C-MS, network pharmacology, and intestinal flora analysis to determine</u>
the treatment effec	t of Qiangzhi dec	oction on comorbid Tourette syndrome and RRTI
Manuscript number (i	if known):	-

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	I	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
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	processing charges, etc.)		
	No time limit for this item.		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	023/02/22
Your Name:	_ Huishan Shi
Manuscript Title:	ntegrated UPLC-MS, network pharmacology, and intestinal flora analysis to determing
the treatment effect	of Qiangzhi decoction on comorbid Tourette syndrome and RRTI
Manuscript number (i	nown):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	2023/02/22			
Your Name:	Chengda Dong			
Manuscript Title:	Integrated UPLC-MS, network pharmacology, and intestinal flora analysis to determine			
the treatment effect	of Qiangzhi decoction on comorbid Tourette syndrome and RRTI			
Manuscript number (if known):				

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	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	_2023/02/22		
Your Name:	Zhaojun Yan		
Manuscript Title:	Integrated UPLC-MS, network pharmacology, and intestinal flora analysis to determine		
the treatment effec	t of Qiangzhi decoction on comorbid Tourette syndrome and RRTI		
Manuscript number (if known):			

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	X None	planning of the work
1	All support for the present manuscript (e.g., funding,	^_NOTIE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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

None			

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