

ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Shuguang Pang

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

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)	
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	This study was funded by the Key Technology Research and Development Program of Shandong (2016GSF201019) and the Jinan Science and Technology Bureau (201704116).	
Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ X ___ None		
3	Royalties or licenses	___ X ___ None		

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

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

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Qiang Jiang

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Pei Sun

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Yi Li

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests		Yi Li is from Jiangsu Hengrui Pharmaceuticals Co., Ltd

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Yanhua Zhu

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

Manuscript number (if known): _____

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13	Other financial or non-financial interests		Yanhua Zhu is from Jiangsu Hengrui Pharmaceuticals Co., Ltd

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Jin Liu

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Xiaoran Ye

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

Manuscript number (if known): _____

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13	Other financial or non-financial interests		Xiaoran Ye is from Shanghai Palan DataRx Co., Ltd.

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Ting Chen

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Fei Zhao

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

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ICMJE DISCLOSURE FORM

Date: September 17th 2021

Your Name: Wenjun Yang

Manuscript Title: Hyperuricemia prevalence and its association with metabolic disorders: A multicenter retrospective real-world study in China

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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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.