| Date:2022 | /6 | /7 |
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| Date.2022 | / V/ | ,, |

Your Name: Guang-Lian He

Manuscript Title:Evaluation of the effects of intradermal needle therapy on the sleep quality of patients following laparoscopic hysterectomy: Study protocol for a randomized controlled trial **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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 initial XNone | 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 | X None | | | |
|-----|---|---------|--|--|--|
| | lectures, presentations, | XNone | | | |
| | 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 | | | | |
| | | | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board | V. Nana | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | | |
| | 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 | | | | |
| | | | | | |
| Dl، | Please summarize the above conflict of interest in the following box: | | | | |

| None. | | | |
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| Your Name:Xiao-Zhen Gong |
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| Manuscript Title: Evaluation of the effects of intradermal needle therapy on the sleep quality of patients |
| following laparoscopic hysterectomy: Study protocol for a randomized controlled trial |
| Manuscript number (if known): |

Date:2022/6/7

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| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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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 | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for | X None | | | |
|-----|---|---------|--|--|--|
| | lectures, presentations, | XNone | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board | V. Nana | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | | |
| | 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 | | | | |
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| Dl، | Please summarize the above conflict of interest in the following box: | | | | |

| None. | | | |
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| Your Name:Jing-Ling He |
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| Manuscript Title: Evaluation of the effects of intradermal needle therapy on the sleep quality of patients |
| following laparoscopic hysterectomy: Study protocol for a randomized controlled trial |
| Manuscript number (if known) |

Date:2022/6/7

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| | | Time frame: Since the initial | planning of the work |
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| | | Time frame: past | 36 months |
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| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for | X None | | | |
|-----|---|---------|--|--|--|
| | lectures, presentations, | XNone | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
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| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board | V. Nana | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | | |
| | 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 | | | | |
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| Dl، | Please summarize the above conflict of interest in the following box: | | | | |

| None. | | | |
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| Date:2022 | /6/ | 7 |
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| Date.2022 | וט ו | • |

Your Name: Qing Yang

Manuscript Title:Evaluation of the effects of intradermal needle therapy on the sleep quality of patients following laparoscopic hysterectomy: Study protocol for a randomized controlled trial **Manuscript number (if known):**

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| | any entity (if not indicated | | |
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| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for | X None | | | | |
|-----|---|---------|--|--|--|--|
| | lectures, presentations, | XNone | | | | |
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| 8 | Patents planned, issued or | XNone | | | | |
| | pending | | | | | |
| | | | | | | |
| 9 | Participation on a Data | XNone | | | | |
| | Safety Monitoring Board or | | | | | |
| 10 | Advisory Board | V. Nana | | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | | | |
| | 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 | | | | | |
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| Dl، | Please summarize the above conflict of interest in the following box: | | | | | |

| None. | | | |
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| Date:2022/6/7 | |
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Your Name: Jia-Yong Mai

Manuscript Title:Evaluation of the effects of intradermal needle therapy on the sleep quality of patients following laparoscopic hysterectomy: Study protocol for a randomized controlled trial **Manuscript number (if known):**

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| 10 | Leadership or fiduciary role in other board, society, | XNone | | | | |
| | 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 | | | | | |
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| Dl، | Please summarize the above conflict of interest in the following box: | | | | | |

| None. | | | |
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| Date:2022 | /6 | /7 |
|-----------|------|----|
| Date.2022 | / V/ | ,, |

Your Name:Si-Ning Wu

Manuscript Title:Evaluation of the effects of intradermal needle therapy on the sleep quality of patients following laparoscopic hysterectomy: Study protocol for a randomized controlled trial **Manuscript number (if known):**______

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| 5 | Payment or honoraria for | X None | | | | |
|-----|---|---------|--|--|--|--|
| | lectures, presentations, | XNone | | | | |
| | speakers bureaus, | | | | | |
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| 10 | Leadership or fiduciary role in other board, society, | XNone | | | | |
| | committee or advocacy | | | | | |
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| | financial interests | | | | | |
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| Dl، | Please summarize the above conflict of interest in the following box: | | | | | |

| None. | | | |
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| Date:2022/ | 6/7 |
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Your Name:Qing-Hua Guo

Manuscript Title:Evaluation of the effects of intradermal needle therapy on the sleep quality of patients following laparoscopic hysterectomy: Study protocol for a randomized controlled trial **Manuscript number (if known):**

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| 4 | Consulting fees | XNone | |

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|-----|---|---------|--|--|--|--|
| - | speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending | XNone | | | | |
| - | manuscript writing or educational events Payment for expert testimony Support for attending | XNone | | | | |
| - | Payment for expert testimony Support for attending | XNone | | | | |
| - | testimony Support for attending | XNone | | | | |
| | Support for attending | | | | | |
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| 7 | meetings and/or traver | XNone | | | | |
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| 8 | Patents planned, issued or | XNone | | | | |
| | pending | | | | | |
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| 9 | Participation on a Data | XNone | | | | |
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| 10 | Leadership or fiduciary role in other board, society, | XNone | | | | |
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| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| ₽le | Please summarize the above conflict of interest in the following box: | | | | | |

| None. | | | |
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