

ICMJE DISCLOSURE FORM

Date: 2023/4/12

Your Name: Xinyu Zhang

Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study

Manuscript number (if known): QIMS-22-1208-R2

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.

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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.	<input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> 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	

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

Xinyu Zhang has nothing to disclose.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/4/12
 Your Name: Chun Xiang Tang
 Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study
 Manuscript number (if known): QIMS-22-1208-R2

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

Dr Tang has nothing to disclose.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/4/12

Your Name: Fan Zhou

Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study

Manuscript number (if known): QIMS-22-1208-R2

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Dr Zhou has nothing to disclose.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/4/12

Your Name: Pin Hua Lin

Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study

Manuscript number (if known): QIMS-22-1208-R2

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ICMJE DISCLOSURE FORM

Date: 2023/4/12

Your Name: Chang Qing Yin

Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study

Manuscript number (if known): QIMS-22-1208-R2

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

Chang Qing Yin has nothing to disclose.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/4/12

Your Name: Qin Yue Gao

Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study

Manuscript number (if known): QIMS-22-1208-R2

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Qin Yue Gao has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 2023/4/12

Your Name: Lei Lei Zhou

Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study

Manuscript number (if known): QIMS-22-1208-R2

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Lei Lei Zhou has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 2023/4/12
 Your Name: Chang Sheng Zhou
 Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study
 Manuscript number (if known): QIMS-22-1208-R2

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ICMJE DISCLOSURE FORM

Date: 2023/4/12

Your Name: Guang Ming Lu

Manuscript Title: Burden and Distribution of Monosodium Urate Deposition in Patients with Hyperuricemia and Gout: A Cross-sectional Chinese Population Based Dual-energy CT Study

Manuscript number (if known): QIMS-22-1208-R2

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Time frame: past 36 months			
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