Date:Apr. 25 th , 2021
Your Name:Boyu Wu
Manuscript Title: Efficacy and Safety of Acupuncture in Treating Acute Low Back Pain: A Systematic Review and
Bavesian Network Meta-Analysis

Manuscript number (if known): APM-21-551

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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) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution) g 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.	XNone	
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for	XNone	

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

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.

Date:Apr. 25 th , 2021
Your Name:Lei Yang
Manuscript Title: Efficacy and Safety of Acupuncture in Treating Acute Low Back Pain: A Systematic Review and
Bavesian Network Meta-Analysis

Manuscript number (if known): APM-21-551

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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	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	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-	X None	
13	financial interests		
Ple	ease summarize the above c	onflict of interest in the following	box:
	None.		

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

Date:Apr.	25 th , 2021
Your Name:	Chengwei Fu
Manuscript Title	: Efficacy and Safety of Acupuncture in Treating Acute Low Back Pain: A Systematic Review and
Bayesian Netwo	rk Meta-Analysis
Manuscript num	ber (if known): APM-21-551

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		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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 testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
Ple	ase summarize the above co	onflict of interest in the following b	ox:
	None.		

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.

Date:	_Apr. 25 th , 2021
Your Nam	e:Gonghui Jian
Manuscrip	ot Title: Efficacy and Safety of Acupuncture in Treating Acute Low Back Pain: A Systematic Review and
Bayesian I	Network Meta-Analysis
Manuscrip	ot number (if known): APM-21-551

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		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	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-	X None	
13	financial interests		
Ple	ease summarize the above c	onflict of interest in the following	box:
	None.		

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

Date:Apr. 25 th , 2021
Your Name:Yue Zhuo
Manuscript Title: Efficacy and Safety of Acupuncture in Treating Acute Low Back Pain: A Systematic Review and
Bayesian Network Meta-Analysis

Manuscript number (if known): APM-21-551

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	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		
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	manuscript writing or		
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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		
	Advisory Board		
10	Leadership or fiduciary role	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-	X None	
	financial interests		
Ple	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:

Date:Apr. 25 th , 2021
Your Name:Mulin Yao
Manuscript Title: Efficacy and Safety of Acupuncture in Treating Acute Low Back Pain: A Systematic Review and
Bayesian Network Meta-Analysis

Manuscript number (if known): APM-21-551

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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		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	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:

Date:Apr. 25 th ,	2021
Your Name:Hui X	ong
Manuscript Title: Effi	cacy and Safety of Acupuncture in Treating Acute Low Back Pain: A Systematic Review and
Bayesian Network M	eta-Analysis

Manuscript number (if known): APM-21-551

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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		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
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	None.		

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