ICMJE DISCLOSURE FORM

Dat	e:		1/19/2022		
Your Name:			Yi DUAN]		
Manuscript Title:			A case of porphyria cutanea tarda treated with short-term high-dose hydroxychloroquine		
Ma	nuscript Number (if k	nown):	ACR-21-77-R1		
con affe indi The epic that	tent of your manuscri ected by the content o cate a bias. If you are author's relationship demiology of hyperter t medication is not me	pt. "Rela f the ma in doub s/activitionsion, you entioned	nuscript. Disclosure represents a commitment about whether to list a relationship/activity/ies/interests should be defined broadly. For exushould declare all relationships with manufain the manuscript.	t-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. Cample, if your manuscript pertains to the cturers of antihypertensive medication, even if	
			Il entities with whom you have this ship 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.	Yunn	an Provincial Department of ation Science Research Fund Project Y426)	Click the tab key to add additional rows.	
			Time frame: past 36 month	ns en	
2					
	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N	lone		

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea 🖂	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.			

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Date:			1/19/2022		
Your Name:			[Changwen NI]		
Manuscript Title:			[A case of porphyria cutanea tarda treated with short-term high-dose hydroxychloroquine]		
Manuscript Number (if known):			ACR-21-77-R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ot. "Relation of the main doub of the main doub of the state of the st	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. rt for the work reported in this manuscript without time limit. For all other items, the time		
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1	All support for the present	[□] N	one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Educa	an Provincial Department of ation Science Research Fund Project Y426)	Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Educa	ation Science Research Fund Project		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Educa (2021	Y426)		

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ICMJE DISCLOSURE FORM

Date:		1/19/2022
Your Name:		[Ling HUANG]
Manuscript Title:		A case of porphyria cutanea tarda treated with short-term high-dose hydroxychloroquine
Mar	nuscript Number (if k	own): ACR-21-77-R1
confaffe indi	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperte medication is not mo	ency, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. Vactivities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if intioned in the manuscript. Il support for the work reported in this manuscript without time limit. For all other items, the time
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		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None
3	Royalties or licenses	None None

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