

ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Hui Li

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 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)						
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Time frame: past 36 months								
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ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Nicola Dalbeth

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		Janssen	Personal payments
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		AstraZeneca	Personal payments
		Dyve Biosciences	Personal payments
		Amgen	Personal payments
		Selecta	Personal payments
		ArthroSi	Personal payments
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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	
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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.

ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Zachary S Wallace

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Jeffrey A Sparks

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 4/5/2022

Your Name: Xiaoxiao Li

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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: 4/5/2022

Your Name: Chao Zeng

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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

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ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Yilun Wang

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Dongxing Xie

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Guanghua Lei

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Jie Wei

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 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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ICMJE DISCLOSURE FORM

Date: 4/5/2022

Your Name: Yuqing Zhang

Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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