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.

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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.

			all entities with whom you have this aship 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	× N	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)
4	Consulting fees	None None	
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.		

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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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.		

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		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.	None	
2	Grants or contracts from	Time frame: past 36 month:	s
	any entity (if not indicated in item #1 above).	AstraZeneca	Personal payments
		Dyve Biosciences	Personal payments
		Amgen	Personal payments
		Selecta	Personal payments
		Arthrosi	Personal payments
		JW Pharmaceutical Corporation	Personal payments
		PK Med	Personal payments
		PTC Therapeutics	Personal payments
		Protalix	Personal payments
		Cello Health	Personal payments
		Abbvie	Personal payments

		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)
		Janssen	Personal payments
3	Royalties or licenses	None     ■     None     None	
4	Consulting fees	□ None	
		AstraZeneca	Personal payments
		Dyve Biosciences	Personal payments
		Amgen	Personal payments
		Selecta	Personal payments
		Arthrosi	Personal payments
		JW Pharmaceutical Corporation	Personal payments
		PK Med	Personal payments
		PTC Therapeutics	Personal payments
		Protalix	Personal payments
		Cello Health	Personal payments
		Abbvie	Personal payments
		Janssen	Personal payments
5	Payment or honoraria for	□ None	
	lectures,	AstraZeneca	Personal payments
	presentations, speakers	Dyve Biosciences	Personal payments
	bureaus,	Amgen	Personal payments
	manuscript	Selecta	Personal payments
	writing or	Arthrosi	Personal payments
	educational events	JW Pharmaceutical Corporation	Personal payments
	CVCIICS	PK Med	Personal payments
		PTC Therapeutics	Personal payments
		Protalix	Personal payments
		Cello Health	Personal payments
		Abbvie	Personal payments
		Janssen	Personal payments

		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)
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	
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	

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)

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.

Date	e:		4/5/2022	
Your Name: Zachary S Wallace				
Manuscript Title: Risk of gout flares after COVID-19 vaccination: a case cross-over study		accination: a case cross-over study		
Mai	nuscript Number (if kn	nown):	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.			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
epic	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.			
	em #1 below, report a ne for disclosure is the		•	ithout time limit. For all other items, the time
			ll 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.	[⊠] No	one	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	Nation Nation	one  nal Institutes of Health and the  nal Institute of Arthritis and  uloskeletal and Skin Diseases	K23 AR073334 and R03 AR078938
3	Royalties or licenses	⊠ N	one	

		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	
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	Image: square of the square o	

		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.		

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.

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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		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)	ļ
		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.	None  None	Click the tab key to add additional rows.	
		Time frame: past 36 month	is	
2	Grants or contracts from	None		
	any entity (if not		1 n	
	, , ,	Bristol Myers Squibb	Personal payments	
	indicated in item #1 above).	National Institute of Arthritis and Musculoskeletal and Skin Diseases	(R01 AR077607, P30 AR070253, and P30 AR072577	
	indicated in item	National Institute of Arthritis and	(R01 AR077607, P30 AR070253, and	

Consulting fees			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)
Amgen	4	Consulting fees	⊠ None	
Boehringer Ingelheim   Personal payments   Bristol Myers Squibb   Personal payments   Gilead   Personal payments   Inlova Diagnostics   Personal payments   Personal				
Bristol Myers Squibb   Personal payments   Glead   Personal payments   Personal paym				
Gilead   Personal payments   Inova Diagnostics   Inova Diagnosti				
Inova Diagnostics Personal payments  Janssen Personal payments Optum Personal payments  Pizer Personal payments  None				
Janssen   Personal payments   Optum   Personal payments   Prizer   Personal payments				
Optum			Inova Diagnostics	
Prizer   Personal payments				
Support for expert testimony travel   Support for travel   Support for pending meetings and/or travel   Support for pending meetings and/or travel   Support for pending			·	
honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Itedeership or fiduciary role in other board, of the fiduciary role in other board, or fiduciary role in other board.			Pfizer	Personal payments
Speakers bureaus, manuscript writing or educational events   None	5	honoraria for lectures,	None     ■	
bureaus, manuscript writing or educational events  6 Payment for expert testimony fravel  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Eleadership or fluctionary of the poard, or fluctionary of the poard, or fluctionary or fluctionary or fluctionary or fluctionary or find client poard, or fluctionary or fluction				
writing or educational events    Sample   Payment for expert testimony   None				
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Pattern splanned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board or Advisory Board or fiduciary role in other board, or fiduciary role in other board, or specific page 1.0				
events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Patents planned, abused or pending a				
expert testimony  Support for attending meetings and/or travel  Pathology of travel  None  Ladership or Advisory Board  None				
Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, or more attending in the state of the	6		⊠  None	
attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board,		expert testimony		
attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board,				
attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board,				
attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board,				
Barrian   Barr	7	attending	⊠  None	
8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board,				
issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board,				
issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board,				
pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board,  None  None  None  None  None	8		[⊠] None	
a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board,  None  None				
a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board,  None  None				
a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board,  None  None				
a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board,  None				
Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board,  None  None	9		⊠  None	
Board or Advisory Board  10 Leadership or fiduciary role in other board,				
10 Leadership or fiduciary role in other board,		Board or		
fiduciary role in other board,		Advisory Board		
fiduciary role in other board,	10	Leadership or	⊠ None	
		fiduciary role in	<del>                                   </del>	
L society.		other board,		
		society,		

		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)
	committee or advocacy group, paid or unpaid		
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.		

3 12/13/2021 ICMJE Disclosure Form

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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			all entities with whom you have this aship 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	× N	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)
4	Consulting fees	None	
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.		

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.

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			Time frame: past 36 month	S
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3	Royalties or licenses	× N	None	

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4	Consulting fees	None	
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	

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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.		

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.

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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None	
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	

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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.		

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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			entities with whom you have this ip 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
	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.	⊠  Nor	ne	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] Nor	ne	
3	Royalties or licenses	⊠ Nor	ne	

		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	
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.		

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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			Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	× N	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)
4	Consulting fees	None	
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	

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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.		

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.

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