

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christina

2. Surname (Last Name)
Yuan

3. Date
12-August-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dustin J. Little, MD

5. Manuscript Title
"Comment of Chang-Guallar"

6. Manuscript Identifying Number (if you know it)
L16-0406

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DoD, United States Federal Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dustin

2. Surname (Last Name)
Little

3. Date
17-August-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comment on Chang-Guallar

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Little has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maura	2. Surname (Last Name) Watson	3. Date 13-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dustin Little
5. Manuscript Title Comment on Chang-Guallar		
6. Manuscript Identifying Number (if you know it) L16-0406		

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Section 1. Identifying Information

1. Given Name (First Name)
Wondaye

2. Surname (Last Name)
Deressa

3. Date
14-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
IMPORTANCE OF INCORPORATING ALBUMINURIA AND CYSTATIN C WHEN USING CHRONIC KIDNEY DISEASE AS A STUDY ENDPOINT

6. Manuscript Identifying Number (if you know it)

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