

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qiang	2. Surname (Last Name) PAN	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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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Section 1. Identifying Information

1. Given Name (First Name)
Jackson

2. Surname (Last Name)
Wright

3. Date
23-September-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr Amanda D Hyre

5. Manuscript Title
Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIDDK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Dr. Wright reports grants from NIDDK, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Harold

2. Surname (Last Name)
Feldman

3. Date
23-September-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Amanda Anderson

5. Manuscript Title
Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)
M14-0488

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Kyowa Kirin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invited speaker
Glaxo Smith Kline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invited speaker

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Dr. Feldman reports grants from National Institutes of Health, during the conduct of the study; personal fees from Kyowa Kirin, personal fees from Glaxo Smith Kline, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Yang	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amander Anderson
5. Manuscript Title Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study		
6. Manuscript Identifying Number (if you know it) M14-0488		

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Section 1. Identifying Information

1. Given Name (First Name) susan 2. Surname (Last Name) steigerwalt 3. Date 26-September-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Time averaged blood pressure and outcomes in CRIC

6. Manuscript Identifying Number (if you know it)

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NIDDK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	symgmacor machine for CRICwork through ancillary
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. steigerwalt reports grants and non-financial support from NIDDK, from null, from null, during the conduct of the study; .

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Weir	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amanda Hyu Anderson, PhD
5. Manuscript Title "Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study"		
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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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No relevant conflicts to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jiang

2. Surname (Last Name)

He

3. Date

22-September-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Amanda Anderson

5. Manuscript Title

Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)

M14-0488

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Dr. He has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mahboob

2. Surname (Last Name)

Rahman

3. Date

23-September-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Time updated BP CRIC

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.)?

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rahman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amanda

2. Surname (Last Name)
Anderson

3. Date
23-September-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)
M14-0488

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Diabetes and Digestive and Kidney Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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

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Dr. Anderson reports grants from National Institute of Diabetes and Digestive and Kidney Diseases, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

RadhaKrishna

2. Surname (Last Name)

Kallem

3. Date

23-September-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Amanda H. Anderson

5. Manuscript Title

Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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

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Dr. Kallem has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Raymond 2. Surname (Last Name) Townsend 3. Date 23-September-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Amanda Hyre-Anderson

5. Manuscript Title
Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)
14-0488

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Townsend reports grants from NIH, during the conduct of the study; personal fees from Janssen, personal fees from Medtronic, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Edgar 2. Surname (Last Name) Miller 3. Date 12/6/17

4. Are you the corresponding author? Yes No

5. Manuscript Title
"TIME-RELATED SYSTOLIC BLOOD PRESSURE AND THE PROGRESSION OF CHRONIC KIDNEY DISEASE: FINDINGS FROM THE CRIC"

6. Manuscript Identifying Number (if you know it)
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NO DISCLOSURES

Evaluation and Feedback

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Ely R. White MD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Lash

3. Date
18-December-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Amanda Anderson

5. Manuscript Title
Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIDDK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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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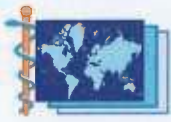
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Dr. Lash reports grants from NIDDK, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lawrence
2. Surname (Last Name)
Appel
3. Date
19-December-2014
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
5. Manuscript Title
Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Diabetes, Digestive and Kidney Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alan
 2. Surname (Last Name) Go
 3. Date 19-December-2014

4. Are you the corresponding author? Yes No
 Corresponding Author's Name
 Amanda Hyre Anderson

5. Manuscript Title
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Jeanne

2. Surname (Last Name)
Charleston

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17-December-2014

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Corresponding Author's Name
Amanda Hyre

5. Manuscript Title

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Glenn

2. Surname (Last Name)
Chertow

3. Date
18-December-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Anderson

5. Manuscript Title
Time-updated systolic blood pressure and the progression of chronic kidney disease: Findings from the Chronic Renal Insufficiency Cohort (CRIC) Study

6. Manuscript Identifying Number (if you know it)
M14-0488

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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
Ardelyx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock, stock options
Allocure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock, stock options
Amgen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grant + co-chair, trial steering committee for AMG-416, a calcimimetic agent
Thrasos Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock, stock options
PuraCath Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock, stock options, Board membership
Satellite Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board membership

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Leader, CREDENCE trial
Home dialysis plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock options

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Dr. Chertow reports other from Ardelyx, other from Allocure, grants, personal fees and other from Amgen, other from Thrasos Innovation, other from PuraCath Medical, other from Satellite Healthcare, personal fees from Gilead, grants from Janssen, other from Home dialysis plus, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Kusek	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amanda Hyre Anderson
5. Manuscript Title Time updated systolic blood pressure and the progression of CKD: findings from the CRIC Study		
6. Manuscript Identifying Number (if you know it)		

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