

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Kyu-Beck | 2. Surname (Last Name) Lee | 3. Date 07-January-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Seungho Ryu |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
| 6. Manuscript Identifying Number (if you know it) _____ | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Eun Chul | 2. Surname (Last Name) Chung | 3. Date 08-January-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar and Seungho Ryu |
| 5. Manuscript Title Metabolically Healthy Obesity and Development of Chronic Kidney Disease | | |
| 6. Manuscript Identifying Number (if you know it) M15-1323 | | |

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Young Youl | 2. Surname (Last Name) Hyun | 3. Date 16-July-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Seungho Ryu |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease | | |
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Dr. Hyun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Min-Jung

2. Surname (Last Name)
Kwon

3. Date
16-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eliseo Guallar

5. Manuscript Title
Metabolically healthy obesity and the development of chronic kidney disease

6. Manuscript Identifying Number (if you know it)

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| | | |
|--|---|---|
| 1. Given Name (First Name) Di | 2. Surname (Last Name) Zhao | 3. Date 16-July-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Yoosoo | 2. Surname (Last Name) Chang | 3. Date 16-July-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Seungho Ryu and Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease | | |
| 6. Manuscript Identifying Number (if you know it) M15-1323 | | |

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

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?

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Section 6. Disclosure Statement

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Dr. Chang 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) Yiyi | 2. Surname (Last Name) Zhang | 3. Date 16-July-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease | | |
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Section 3. Relevant financial activities outside the submitted work.

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Dr. Zhang 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)
Seungho

2. Surname (Last Name)
Ryu

3. Date
17-July-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Metabolically healthy obesity and the development of chronic kidney disease

6. Manuscript Identifying Number (if you know it)
M15-1323

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Jiin | 2. Surname (Last Name) Ahn | 3. Date 15-December-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Byung-Seong | 2. Surname (Last Name) Suh | 3. Date 15-December-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Seungho Ryu |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
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| | | |
|--|---|---|
| 1. Given Name (First Name) Juhee | 2. Surname (Last Name) Cho | 3. Date 15-December-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar |
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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) Hocheol | 2. Surname (Last Name) Shin | 3. Date 15-December-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dr. Eliseo |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
| 6. Manuscript Identifying Number (if you know it) M15-1323 | | |

Section 2. The Work Under Consideration for Publication

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eliseo

2. Surname (Last Name)
Guallar

3. Date
22-December-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Metabolically healthy obesity and the development of chronic kidney disease: A cohort study

6. Manuscript Identifying Number (if you know it)
M15-1323

Section 2. The Work Under Consideration for Publication

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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

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Dr. Guallar 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) Sanjay | 2. Surname (Last Name) RAMPAL | 3. Date 23-December-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Seungho Ryu, Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
| 6. Manuscript Identifying Number (if you know it) M15-1323 | | |

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

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

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Dr. RAMPAL 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) Hyang | 2. Surname (Last Name) Kim | 3. Date 23-December-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
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Dr. Kim 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) Hyun-Suk | 2. Surname (Last Name) Jung | 3. Date 05-January-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
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| | | |
|--|---|---|
| 1. Given Name (First Name) Roberto | 2. Surname (Last Name) Pastor-Barriuso | 3. Date 07-January-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
| 6. Manuscript Identifying Number (if you know it) M15-1323 | | |

Section 2. The Work Under Consideration for Publication

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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

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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. Pastor-Barriuso has nothing to disclose.

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Grant: A grant from an entity, generally [but not always] paid to your organization

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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

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| | | |
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| 1. Given Name (First Name) Yuni | 2. Surname (Last Name) Choi | 3. Date 15-December-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Seungho Ryu; Eliseo Guallar |
| 5. Manuscript Title Metabolically healthy obesity and the development of chronic kidney disease: A cohort study | | |
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Section 1. Identifying Information

1. Given Name (First Name)
Kyung Eun

2. Surname (Last Name)
Yun

3. Date
17-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eliseo Guallar

5. Manuscript Title
Metabolically healthy obesity and the development of chronic kidney disease

6. Manuscript Identifying Number (if you know it)
M15-1323

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