

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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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|
| 1. Given Name (First Name) Tanushree | 2. Surname (Last Name) Banerjee | 3. Date 12-July-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Chi-yuan hsu |
| 5. Manuscript Title Trends in prevalence of chronic kidney disease in the United States | | |
| 6. Manuscript Identifying Number (if you know it) M16-0273 | | |

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. Banerjee 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)

Jennifer

2. Surname (Last Name)

Bragg-Gresham

3. Date

04-May-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chi-yuan Hsu

5. Manuscript Title

Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it)

M16-0273

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Dr. Bragg-Gresham 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)
Mark

2. Surname (Last Name)
Eberhardt

3. Date
01-April-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Chi-yuan Hsu, MD, MSc

5. Manuscript Title
Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it)
M16-0273

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Dr. Eberhardt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name)
 Chi-yuan Hsu

3. Date
 02-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it)
 M16-0273

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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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No COI |
| Am Soc Nephrol | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No COI |
| CDC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No COI |

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Dr. Hsu has nothing to disclose. This publication was supported by Centers for Disease Control and Prevention (CDC) Cooperative Agreement Number 1U58DP003839. Dr. Daniel Murphy is additionally supported by the American Society of Nephrology (ASN) Foundation for Kidney Research Student Scholar Grant Program and Dr. Hsu by the National Institutes of Health (NIH) K24DK92291.

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| | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|
| 1. Given Name (First Name) Feng | 2. Surname (Last Name) Lin | 3. Date 26-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Chi-Yuan Hsu |
| 5. Manuscript Title Trends in prevalence of chronic kidney disease in the United States | | |
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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Issued: The patent has been issued by the agency

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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) Charles

2. Surname (Last Name) McCulloch

3. Date 28-March-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Chi-yuan Hsu

5. Manuscript Title Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it) M16-0273

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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Centers for Disease Control | <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

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. McCulloch reports grants from Centers for Disease Control, during the conduct of the study; .

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)

Hal

2. Surname (Last Name)

Morgenstern

3. Date

25-March-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Chi-Yuan Hsu

5. Manuscript Title

Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it)

M16-0273

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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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Dr. Morgenstern 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)
Daniel

2. Surname (Last Name)
Murphy

3. Date
16-May-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr Chi-yuan Hsu

5. Manuscript Title
Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it)
M16-0273

Section 2. The Work Under Consideration for Publication

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| American Society of Nephrology Foundation for Kidney Research | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Student Scholar Grant Program |

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

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Dr. Murphy reports grants from American Society of Nephrology Foundation for Kidney Research, 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)

Meda

2. Surname (Last Name)

Pavkov

3. Date

25-March-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Chi-Yuan Hsu

5. Manuscript Title

Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it)

M16-0273

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Pavkov 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)

Neil

2. Surname (Last Name)

Powe

3. Date

02-May-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chi-yuan Hsu

5. Manuscript Title

Trends in prevalence of chronic kidney disease in the United States

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------|
| 1. Given Name (First Name) Rajiv | 2. Surname (Last Name) Saran | 3. Date 16-May-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name |
| 5. Manuscript Title Trends in prevalence of chronic kidney disease in the United States | | |
| 6. Manuscript Identifying Number (if you know it) M16-0273 | | |

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

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Saran has nothing to disclose.

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