

#### **Instructions**

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Drawz 1



Section 1.	Identifying Inform	ation		
1. Given Name (Firs Paul	n Name (First Name)  2. Surname (Last Name)  Drawz		3. Date 26-July-2018	
4. Are you the corre	4. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name	
5. Manuscript Title Kidney Damage Biomarkers and Incident CKD During Blood Pressure Reduction: A Case-Control Study within SPRINT				IT
6. Manuscript Ident M18-1037	ifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, da	a third party (government, commercial, private founda ta monitoring board, study design, manuscript prepara	
Section 3.	Relevant financial a	activities outside the s	ubmitted work.	
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Do you have any p	patents, whether planr	ned, pending or issued, br	oadly relevant to the work? Yes Vo	

Drawz 2



Section 5. Relations	him and account about				
Relations	hips not covered above				
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Yes, the following relation	ships/conditions/circumstances are present (explain below):				
✓ No other relationships/co	✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.					
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Based on the above disclosur below.	es, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Drawz has nothing to disc	close.				

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administrative support, etc.



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1. Given Name (Fi Rakesh	rst Name)	2. Surname (Last Name) Malhotra	3. Date 26-July-2018	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Michael Shlipak	
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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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Do you have any			oadly relevant to the work? Yes V No	

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No disclosures

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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.					
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Do you have any	patents, whether plan	ned, pending or issued, l	oroadly relevant to	the work? ☐ Yes ✓ No	

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Chonchol 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Michel	Name (First Name)  2. Surname (Last Name)  Chonchol		3. Date 27-July-2018
4. Are you the cor	you the corresponding author?		Corresponding Author's Name Michael Shlipak
5. Manuscript Title "Kidney Damage		ent CKD During Blood Pres	sure Reduction: A Case-Control Study within SPRINT"
6. Manuscript Ider M18-1037	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Chonchol 2



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Zhang 1



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1. Given Name (Fii William	me (First Name) 2. Surname (Last Name) Zhang		3. Date 16-July-2018	
4. Are you the cor	you the corresponding author? Yes Vo		Corresponding Author's Name Michael Shlipak	
5. Manuscript Title Kidney Damage Biomarkers and Incident CKD During Blood Pressure Reduction: A Case-Control Study within SPRINT		sure Reduction: A Case-Control Study within SPRINT		
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Dr. Zhang has nothing to disclose.

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

## Relationships not covered above.

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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

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Sarnak 1



Section 1. Identifying Inform	ion 1. Identifying Information					
1. Given Name (First Name) Mark	2. Surname (Las Sarnak	t Name)	3. Date 12-August-2018			
4. Are you the corresponding author?	re you the corresponding author?		Corresponding Author's Name			
5. Manuscript Title Kidney Damage Biomarkers and Incident CKD During Blood Pressure Reduction: A Case-Control Study within SPRINT						
6. Manuscript Identifying Number (if you kr M18-1037	now it)					
Section 2						
Section 2. The Work Under Co	onsideration fo	or Publication				
Did you or your institution <b>at any time</b> 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 outsi	de 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?  Ves  No  If yes, please fill out the appropriate information below.						
Name of Entity	Grant? Perso	2	Other? Comments			
Akebia			I am on the steering commit study funded by Akebia. Thi related to treatment of anen Funds for my involvement a to Tufts Medical Center	is is nia.		
Section 4. Intellectual Proper	ty Patents &	Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Sarnak 2



Section 5. Relationships not severed above
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):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Sarnak has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Sarnak 3



#### **Instructions**

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

Cheung 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Alfred	2. Surname (Last Name) Cheung	3. Date 28-August-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Zhang
5. Manuscript Title Kidney Damage Biomarkers and Inciden	t CKD During Blood Press	sure Reduction: A Case-Control Study within SPRINT
6. Manuscript Identifying Number (if you kn M18-1037	ow it)	_
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da st?  Yes  No rmation below. If you hav	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, we more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other? Comments
NIH	<b>✓</b>	
Section 3. Relevant financial a	activities outside the s	submitted work.
of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us oort relationships that wer	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts
Do you have any patents, whether planr	ned, pending or issued, br	roadly relevant to the work? Yes Vo

Cheung 2



Section 5.								
Section 5.	Relationships not covered above							
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?							
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):							
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest							
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.							
Section 6.	Disclosure Statement							
Based on the abbelow.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box							

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Parikh 1



Section 1.	dentifying Informa	ation			
1. Given Name (First chirag	Name)	2. Surnam Parikh	e (Last Name)	3. Date 23-August-2018	
4. Are you the corres	sponding author?	Yes ✓ No		Corresponding Author's Name	e
5. Manuscript Title Kidney Damage Bio	omarkers and Incident	t CKD Durii	ng Blood Pressu	re Reduction: A Case-Contro	ol Study within SPRINT
6. Manuscript Identif	fying Number (if you kno	ow it)			
Section 2.	he Work Under Co	nsiderati	on for Public	ation	
Did you or your instit any aspect of the sub statistical analysis, etc	ution <b>at any time</b> receiv mitted work (including l	ve payment but not limit	or services from a ted to grants, dat		mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial a	ctivities	outside the s	ubmitted work.	
of compensation) v clicking the "Add +	vith entities as describ	oed in the i ort relation	nstructions. Use nships that were		tionships (regardless of amount d as many lines as you need by onths prior to publication.
Section 4.	ntellectual Propert	y Pater	nts & Copyrig	hts	
Do you have any pa	atents, whether plann	ed, pendin	g or issued, bro	eadly relevant to the work?	☐ Yes ✓ No

Parikh 2



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								
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.								
Dr. Parikh has nothing to disclose.								

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#### **Instructions**

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## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## 4. Other relationships.

Use this section to report 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.



Section 1.	ldentifying Infor	mation	
1. Given Name (Fir MIchael	rst Name)	2. Surname (Last Name) Shlipak	3. Effective Date (07-August-2008) 23-August-2018
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Kidney Damage		ent CKD During Blood Pressure Reduction: A C	Case-Control Study within SPRINT
6. Manuscript Ider M18-1037	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

for Pub	lication				
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
	No  V	No Paid to You  V	No Paid Your Institution*  I Description of the Paid to You Institution of the Paid to You Institution of the Paid to You Institution of the Paid to Your Inst	No Paid to Your Institution*  No Institution*  Name of Entity  Name of Entity	No Paid to Your Institution*  No Paid to You Institution*  Name of Entity Comments**  Comments**



The Work Under Consideration for Publication						
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

### Section 3. Relevant fi

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 submission.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>√</b>					X
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>√</b>					×
						ADD
5. Grants/grants pending			✓	Cricket Health, Inc.		×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options		<b>✓</b>		Cricket Health, Inc. and TAI Diagnostics		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	$\checkmark$					×
×=1.						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

# Section 4. Other relationships

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?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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**Hide All Table Rows Checked 'No'** 

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### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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

Craven 1



Section 1.	ldentifying Inform	nation	
1. Given Name (Fi Timothy	rst Name)	2. Surname (Last Name) Craven	3. Date 06-August-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Michael Shlipak, MD
5. Manuscript Title Kidney Damage		nt CKD During Blood Pre	essure Reduction: A Case-Control Study within SPRINT
6. Manuscript Idei M18-1037	ntifying Number (if you kr	now it)	
Section 2			
Section 2.	The Work Under C	onsideration for Pub	lication
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, est? Yes No ormation below. If you h	om a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,  have more than one entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal N	Other? Comments
National Institutes of	Health - NHLBI, NIDDK	<b>✓</b>	
		_	
Section 3.	Relevant financial	activities outside the	e submitted work.
of compensation clicking the "Adc Are there any rel	n) with entities as descri I +" box. You should re evant conflicts of intere	ibed in the instructions. port relationships that w est? ☐ Yes ✓ No	
Section 4.	Intellectual Proper	rty Patents & Copyr	rights
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to the work? Yes V No

Craven 2



Section 5. Polationships not sovered above
Relationships not covered above
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Mr. Craven reports grant support from the National Institutes of Health - NHLBI, NIDDK, during the conduct of the study; .

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