

#### **Instructions**

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1



Section 1.	Identifying Inform	aation					
_	identifying inform						
1. Given Name (Fi Mengyang	rst Name)	2. Surname (Last Name) Di	3. Date 26-June-2019				
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name				
Prevention, Diag Improving Globa	5. Manuscript Title Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease: Synopsis of the Kidney Disease: Improving Global Outcomes 2018 Clinical Practice Guideline  6. Manuscript Identifying Number (if you know it)						
M19-1539	nanying Number (ii you ki	iow it,	_				
Section 2.	The Work Under C	onsideration for Public	ation				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,				
Section 3.	Relevant financial	activities outside the s	ubmitted work.				
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .				
Section 4.							
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts				
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes V No				

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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	wing 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
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Kasiske 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Bertram	2. Surname (Last Name) Kasiske	3. Date 26-June-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Michael Cheung
5. Manuscript Title Prevention, Diagnosis, Evaluation and I Improving Global Outcomes 2018 Clini	•	Chronic Kidney Disease: Synopsis of the Kidney Disease:
6. Manuscript Identifying Number (if you ki M19-1539	now it)	
Continue 2		
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Prope	rty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Kasiske 2



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Section 6. Disclosure Statement				
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Dr. Kasiske has nothing to disclose.				

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Pol 1



Section 1. Identifying Inform	ation					
Given Name (First Name)     Stanislas	e (First Name)  2. Surname (Last Name) Pol			3. Date 26-June-2019		
4. Are you the corresponding author? Yes Vo			Correspond	Corresponding Author's Name		
5. Manuscript Title						
Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease: Sync 6. Manuscript Identifying Number (if you know it) M19-1539					ase: Synopsis of the Kidney Disease:	
Section 2. The Work Under Co	onsidera	tion for P	ublication			
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lir st?   rmation l	mited to gran Yes oelow. If yo	nts, data monitoring	board, st	ent, commercial, private foundation, etc.) for cudy design, manuscript preparation, ity press the "ADD" button to add a row.	
Name of Institution/Company	Grant?		Non-Financial Support?	Other?	Comments	
Gilead		<b>✓</b>			Advisory board	
MSD	<b>✓</b>	<b>✓</b>			Advisory board	
Janssen		<b>✓</b>			Advisory board	
Abbvie	<b>✓</b>	$\checkmark$			Advisory board	
Roche	<b>✓</b>					
Section 3. Relevant financial a					cial relationships (regardless of amount	
of compensation) with entities as descril clicking the "Add +" box. You should rep	bed in the	e instructio	ns. Use one line fo	or each ei	ntity; add as many lines as you need by	
Are there any relevant conflicts of intere		Yes 🗸		uring th	e 30 months prior to publication.	

Pol 2



Soutien A					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V					
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Dr. Pol reports personal fees from Gilead, grants and personal fees from MSD, personal fees from Janssen, grants and personal fees from Abbvie, grants from Roche, during the conduct of the study; .					

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Earley 1



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Given Name (First Name)  Amy	2. Surname (Last Name) Earley		3. Date 26-June-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Prevention, Diagnosis, Evaluation and T Improving Global Outcomes 2018 Clinic	-	Chronic Kidney Disea	se: Synopsis of the Kidney Disease:
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Name of Entity	Grant? Personal Nor	n-Financial other?	Comments
KDIGO	<b>✓</b>		Evidence review work contracted by KDIGO
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Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes   ✓ No

Earley 2



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Balk 1



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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title Prevention, Diagnosis, Evaluation and T Improving Global Outcomes 2018 Clinic 6. Manuscript Identifying Number (if you kn M19-1539	al Practice Guideline	Chronic Kidney Disea	ase: Synopsis of the Kidney Disease:
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Name of Institution/Company	Grant	n-Financial Other?	Comments
KDIGO (Kidney Disease: Improving Global Dutcomes)	<b>✓</b>		
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Balk 2



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Dr. Balk reports gra	nts from KDIGO (Kidney Disease: Improving Global Outcomes), 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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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

Gordon 1



Section 1. Ide	ntifying Informa	ation			
Given Name (First Nat Craig	ne)	2. Surname (Last N	lame)		3. Date 26-June-2019
4. Are you the correspon					
<ul><li>5. Manuscript Title</li><li>Prevention, Diagnosis</li><li>Improving Global Out</li><li>6. Manuscript Identifyin</li></ul>	comes 2018 Clinica	al Practice Guideli		dney Disea	ase: Synopsis of the Kidney Disease:
Section 2. The	Work Under Co	onsideration for	Publication		
Did you or your institution	on <b>at any time</b> receiv	ve payment or servi	ces from a third party		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant	conflicts of interes	st? ✓ Yes	No		
			you have more tha	n one enti	ity press the "ADD" button to add a row.
Excess rows can be re	noved by pressing				
Name of Institution/C	ompany	Grant? Person	al Non-Financial Support	Other?	Comments
KDIGO		<b>✓</b>			Associate Project Director, Evidence Review Team, KDIGO guideline on HCV in CKD (2018)
Section 3. Relo	evant financial a	activities outsid	e the submitted	work.	
of compensation) with	entities as describ	oed in the instruct	ions. Use one line f	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .
Are there any relevant			No		
If yes, please fill out th	e appropriate infoi	rmation below.			
Name of Entity		Grant? Person	, ,	Other?	Comments
Abbvie					Advisory board
Alexion					Lectures on TMA team development

Gordon 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
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):
✓ 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
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Gordon reports grants from KDIGO, during the conduct of the study; personal fees from Abbvie, personal fees from Alexion, outside the submitted work; .

#### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Gordon 3



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Martin 1



Section 1.	dentifying Inform	ation				
1. Given Name (First Paul	, ,	2. Surname Martin	(Last Name)		3. Date 26-June-2019	
4. Are you the corres	sponding author?	Yes	<b>√</b> No	Corresponding Autl	nor's Name	
-	osis, Evaluation and T Outcomes 2018 Clinio		•	Chronic Kidney Dise	ease: Synopsis of the Kidney Disease	:
6. Manuscript Identii M19-1539	fying Number (if you kr	ow it)		-		
Section 2.						
	tution at any time recei				nent, commercial, private foundation, et	c.) for
	mitted work (including				study design, manuscript preparation,	c., . c.
Are there any relev	ant conflicts of intere	est? Yes	√ No			
Section 3.	Relevant financial	activities o	utside the s	ubmitted 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> .						
•	ant conflicts of intere					
If yes, please fill ou	t the appropriate info	ormation belo	ow.			
Name of Entity		Grant? Pe	ersonal Nor Fees? S	-Financial Other	Comments	
AbbVie, Merck, Gilead					Research and Consultant	
Section 4.	ntellectual Proper	ty Patent	s & Copyrig	hts		
Do you have any pa	atents, whether plan	ned, pending	or issued, br	oadly relevant to th	e work? Yes V No	

Martin 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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				

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

patent

1 Lai



Section 1. Identifying Inform	nation		
Given Name (First Name) Ching Lung	2. Surname (Last Name) Lai		3. Date 27-September-2019
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's	s Name
<ol> <li>Manuscript Title Prevention, Diagnosis, Evaluation and T Improving Global Outcomes 2018 Clinic Manuscript Identifying Number (if you kr M19-1539</li> </ol>	cal Practice Guideline"	Chronic Kidney Disease	e: Synopsis of the Kidney Disease:
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describle clicking the "Add +" box. You should re	ibed in the instructions. Us	se one line for each enti	ity; add as many lines as you need by
Are there any relevant conflicts of interest	est? ✓ Yes No		
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant? Personal Nor	n-Financial Other?	Comments
Gilead Sciences			
Abbvie	<b>✓</b>		
Section 4			
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, bı	oadly relevant to the w	ork? Yes V No

Lai 2



Section 5. Polationships 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):
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Section 6. Disclosure Statement
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Dr. Lai reports personal fees from Gilead Sciences, personal fees from Abbvie, outside the submitted work; .

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Lai 3



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

Kamar 1



Cartinus					
Section 1. Identifying Information					
Given Name (First Name)     Nassim	2. Surname (Last Name) Kamar		3. Date 26-June-2019		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name		
5. Manuscript Title Prevention, Diagnosis, Evaluation and Improving Global Outcomes 2018 Clir		Chronic Kidney Disea	se: Synopsis of the Kidney Disease:		
6. Manuscript Identifying Number (if you	know it)				
		_			
Section 2. The Work Under	Consideration for Public	cation			
Did you or your institution <b>at any time</b> recany aspect of the submitted work (including statistical analysis, etc.)?				) for	
Are there any relevant conflicts of inte	erest? 🗸 Yes 🗌 No				
If yes, please fill out the appropriate in	•	e more than one enti	ty press the "ADD" button to add a re	ow.	
Excess rows can be removed by press		Financial			
Name of Institution/Company	Grant'	n-Financial Other?	Comments		
лSD, Gilead, Abbvie					
Section 3. Relevant financia	al activities outside the s	submitted work.			
Place a check in the appropriate boxe of compensation) with entities as described clicking the "Add +" box. You should recommendations of the second	cribed in the instructions. Us	e one line for each er	itity; add as many lines as you need l		
Are there any relevant conflicts of interest?  Ves  No					
If yes, please fill out the appropriate in	nformation below.				
	3 Paysonal Nov	Financial			
Name of Entity	Grant'	n-Financial Other?	Comments		
Abbvie, Amgen, Astellas, Chiesi, Fresenius, Gilead, Medical care, Merck Sharp and Dohm					
Neovii, Novartis, Roche, Sanofi, and Shire	· · · · · · · · · · · · · · · · · · ·				

Kamar 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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Dr. Kamar reports personal fees from MSD, Gilead, Abbvie, during the conduct of the study; personal fees from Abbvie, Amgen, Astellas, Chiesi, Fresenius, Gilead, Medical care, Merck Sharp and Dohme, Neovii, Novartis, Roche, Sanofi, and Shire, outside the submitted work; .

#### **Evaluation and Feedback**

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Kamar 3



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IZOPET 1



Section 1.	Identifying Inform	ation				
Given Name (Fire JACQUES)	rst Name)	2. Surname IZOPET	(Last Name)		3. Date 20-August-2019	
4. Are you the corr	responding author?	Yes	<b>✓</b> No	Corresponding Author's Name		
Prevention, Diag Improving Globa	5. Manuscript Title Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease: Synopsis of the Kidney Disease: Improving Global Outcomes 2018 Clinical Practice Guideline 6. Manuscript Identifying Number (if you know it) M19-1539					
Section 2.	The Work Under Co	onsideratio	n for Public	ation		
any aspect of the s statistical analysis,	ubmitted work (including	but not limite	ed to grants, dat		commercial, private foundation, etc.) for design, manuscript preparation,	
Section 3.	Relevant financial	activities o	utside the s	ubmitted work.		
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Section 4.	Intellectual Proper	tv Patení	ts & Copyria	hts		
Do you have any	•			padly relevant to the wor	k? ☐ Yes 🗸 No	

IZOPET 2



Section 5. Polotionships not sovered above				
Relationships not covered above				
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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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Other: Anything not covered under the previous three boxes

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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

Patel 1



Section 1. Identifying Inf	ormation			
1. Given Name (First Name) Priti	2. Surname (Last Name) Patel	3. Date 21-August-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jadoul		
5. Manuscript Title Prevention, Diagnosis, Evaluation a Improving Global Outcomes 2018 (	•	Chronic Kidney Disease: Synopsis of the Kidney Disease:		
6. Manuscript Identifying Number (if y	ou know it)			
Section 2. The Work Under	er Consideration for Public	ation		
	uding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3. Relevant finan	cial activities outside the s	ubmitted 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? Yes Vo				
Section 4. Intellectual Pro				
Intellectual Pro	pperty Patents & Copyrig	hts		
Do you have any patents, whether	planned, pending or issued, br	oadly relevant to the work? Yes V No		

Patel 2



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

### **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.

Patel 3



#### **Instructions**

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Section 1. Identifying Inform	nation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Date
4. Are you the corresponding author?	Yes No	
5. Manuscript Title		
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, og but not limited to grants, data monitoring board, study of est?	
Section 3. Relevant financial	activities outside the submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you have financial r ribed in the instructions. Use one line for each entity port relationships that were <b>present during the 36</b>	; add as many lines as you need by
Section 4		
Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the wor	k? Yes No



Section 5.	Deletionalise and consend above					
_	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					
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**Royalties:** Funds are coming in to you or your institution due to your patent

Jha 1



Section 1. Identifying	Information		
1. Given Name (First Name) Vivekanand	2. Surname (Last Name) Jha	3. Date	
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's Name	
5. Manuscript Title Prevention, Diagnosis, Evaluatio Improving Global Outcomes 20° 6. Manuscript Identifying Number (	18 Clinical Practice Guideline	in Chronic Kidney Disease: Synopsis of the Kidney Disease:	
Section 2. The Work Ur	nder Consideration for Pub	lication	
any aspect of the submitted work (in statistical analysis, etc.)? Are there any relevant conflicts o	ncluding but not limited to grants,	om a third party (government, commercial, private foundation, etc data monitoring board, study design, manuscript preparation,	i.) for
Section 3. Relevant fin	ancial activities outside the	e submitted work.	
of compensation) with entities a	s described in the instructions. puld report relationships that wof interest?	whether you have financial relationships (regardless of amor Use one line for each entity; add as many lines as you need were <b>present during the 36 months prior to publication</b> .	
Name of Entity	Grant? Personal N	Other? Comments	
Baxter Healthcare	<b>V</b>		
GlaxoSmithKline	<b>✓</b>		
NephroPlus			
Zydus Cadilla		✓ Advisory Board	
Biocon		✓ Advisory Board	

Jha 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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):
No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Dr. Jha reports grants from Baxter Healthcare, grants from GlaxoSmithKline, personal fees from NephroPlus, other from Zydus Cadilla, other from Biocon, outside the submitted work; .

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Jha 3



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Jadoul 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Michel	rst Name)	2. Surname Jadoul	e (Last Nan	ne)		3. Date 04-July-2019	
4. Are you the cor	responding author?	Yes	<b>√</b> No	Correspond Craig Gord	_	or's Name	
Improving Globa		al Practice C			ney Disea	ase: Synopsis of the Kidney Disease	<u>:</u> :
Section 2.	The Work Under Co	nsideratio	on for Pi	ublication			
any aspect of the s statistical analysis,	stitution <b>at any time</b> recei ubmitted work (including	ve payment o	or services ed to gran	from a third party (		ent, commercial, private foundation, e udy design, manuscript preparation,	tc.) for
Section 3.	Relevant financial a	activities o	outside 1	he submitted t	work		
of compensation clicking the "Add Are there any rele	the appropriate boxes in with entities as descri	n the table t bed in the ir port relation est?  Ye	o indicate nstruction ships that s I	e whether you ha ns. Use one line fo	ive financ or each er	rial relationships (regardless of am ntity; add as many lines as you nee a <b>36 months prior to publication</b>	d by
Name of Entity		Grant? P	-	Non-Financial	Other?	Comments	
Astellas			Fees	Support		paid to institution	
Glaxo Smith Kline			<b>✓</b>			paid to institution	]
Merck (MSD)		<b>✓</b>	<b>▼</b>			all paid to institution	_ 
Vifor FMC renal pharr	na		<b>✓</b>			paid to institution	]
Abbvie			<b>✓</b>			paid to institution	
Alexion		<b>✓</b>				paid to institution	
Amgen			<b>✓</b>			paid to institution	
Janssen-Cilag		<b>✓</b>				paid to institution	

Jadoul 2



**Name of Entity** 

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

Grant?

Otsuka	<b>✓</b>				paid to institution
Roche	<b>✓</b>				paid to institution
Menarini		✓			paid to institution
lipro		✓			paid to institution
Section 4. Intellectual Propert	ty Pater	nts & Cop	yrights		
Do you have any patents, whether plann	ied, pendin	ıq or issuec	d, broadly releva	nt to the	work?
, , , , , , , , , , , , , , , , , , ,		<b>J</b>	, ,		
Section 5. Relationships not a		•			
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/cond	ditions/circu	umstances	are present (exp	olain bel	ow):
Yes, the following relationships/conditions/cir					
No other relationships/conditions/cir	rcumstance				
	rcumstance				
No other relationships/conditions/cir	rcumstance				
No other relationships/conditions/cir	rcumstance				
No other relationships/conditions/cir	rcumstance				

Personal Non-Financial

Other?

**Comments** 

Jadoul 3

On occasion, journals may ask authors to disclose further information about reported relationships.

#### 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. Jadoul reports personal fees from Astellas, personal fees from Glaxo Smith Kline, grants and personal fees from Merck (MSD), personal fees from Vifor FMC renal pharma, personal fees from Abbvie, grants from Alexion, personal fees from Amgen, grants from Janssen-Cilag, grants from Otsuka, grants from Roche, personal fees from Menarini, personal fees from Nipro, outside the submitted work; and He is since januari 1st, 2019, cochair of KDIGO.

### **Evaluation and Feedback**

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Jadoul 4



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Silva 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Marcelo	rst Name)	2. Surname Silva	(Last Name)			3. Date 15-August-2019	
4. Are you the cor	responding author?	Yes	✓ No	Correspon	ding Autho	r's Name	
			•	C in Chronic Ki	dney Disea	ase: Synopsis of the Kidney Di	sease:
6. Manuscript Ide	ntifying Number (if you k	now it)					
	ı						
Section 2.	The Work Under C	onsideratio	n for Pub	lication			
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including etc.)? evant conflicts of inter	g but not limite	d to grants,	data monitoring	g board, stu	nt, commercial, private foundation and design, manuscript preparation	on,
	out the appropriate inf be removed by pressir			ave more thar	one entit	ty press the "ADD" button to a	idd a row.
Name of Institut	ion/Company	Grant•	ersonal N Fees	on-Financial Support	Other?	Comments	
AbbVie		<b>✓</b>	<b>✓</b>	<b>✓</b>			
MSD		<b>✓</b>	<b>✓</b>	$\checkmark$			
Gilead		<b>✓</b>	<b>✓</b>	$\checkmark$			
BMS		<b>✓</b>	<b>✓</b>	<b>✓</b>			
Section 3.	Relevant financial	activities o	utside the	e submitted	work.		
of compensation clicking the "Add	n) with entities as descr	ribed in the in port relations	structions. hips that w	Use one line for vere <b>present d</b>	or each en	ial relationships (regardless of tity; add as many lines as you • <b>36 months prior to publica</b> t	need by

Silva 2



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Dr. Silva reports grants, personal fees and non-financial support from AbbVie, grants, personal fees and non-financial support from MSD, grants, personal fees and non-financial support from Gilead, grants, personal fees and non-financial support from BMS, during the conduct of the study; .

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Silva 3



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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 (Fii Michael	rst Name)	2. Surnar Cheung	me (Last Name)	3. Date 27-June-2019
4. Are you the cor	responding author?	✓ Yes	No	
Improving Globa		cal Practice	of Hepatitis C in Chronic Kidney Disease: Sy e Guideline	nopsis of the Kidney Disease:
	I			
Section 2.	The Work Under Co	onsiderat	tion for Publication	
any aspect of the s statistical analysis,	ubmitted work (including	but not lim	it or services from a third party (government, conited to grants, data monitoring board, study de	
Section 3.	Relevant financial	activities	outside the submitted work.	
of compensation clicking the "Add	ı) with entities as descri	bed in the port relatio	e to indicate whether you have financial rele instructions. Use one line for each entity; a conships that were <b>present during the 36 m</b> Yes   No	add as many lines as you need by
Section 4.	Intellectual Proper	ty Pate	ents & Copyrights	
Do you have any			ing or issued, broadly relevant to the work?	Yes 🗸 No

Cheung 2



Section 5. Relationships not solvered 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					
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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.					
Mr. Cheung has nothing to disclose.					

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Berenguer 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Marina	2. Surname (Last Name) Berenguer	3. Date 27-June-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Prevention, Diagnosis, Evaluation and T Improving Global Outcomes 2018 Clinic 6. Manuscript Identifying Number (if you kn M19-1539	cal Practice Guideline	Chronic Kidney Disease: Synopsis of the Kidney Disease:
Section 2. The Work Under C		
The work officer C	onsideration for Public	a third party (government, commercial, private foundation, etc.) for
		ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interes	est? ☐ Yes ✓ No	
Section 3. Polyant financial		
Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of interest		
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal Nor	n-Financial Other? Comments
Gilead	<b>✓</b>	
Abbvie		
Section 4. Intellectual Branch		
Intellectual Proper	rty Patents & Copyric	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Berenguer 2



Section 5. Relationships not covered 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):
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Dr. Berenguer reports grants from Gilead, personal fees from Abbvie, from null, outside the submitted work; .

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Fabrizi 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Fabrizio		2. Surname (Last Nam Fabrizi	ne)	3. Date 16-August-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Aut	
Disease: Improvi		018 Clinical Practice G		ey Disease: Synopsis of the Kidney
Section 2.	The Work Under Co	onsideration for Pu	ıblication	
	ubmitted work (including			nent, commercial, private foundation, etc.) for study design, manuscript preparation,
	evant conflicts of intere		No .	
	out the appropriate info oe removed by pressing		i have more than one en	tity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support? Other	Comments
AbbVie				
MSD				
Section 3.	Relevant financial	activities outside t	he submitted work.	
of compensation	) with entities as descri	bed in the instruction	s. Use one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by the <b>36 months prior to publication</b> .
Are there any rele	evant conflicts of intere	est? Yes 🗸 N	No	
Section 4.	Intellectual Proper	ty Patents & Cop	yrights	
Do you have any	•		d, broadly relevant to th	e work? Yes 🗸 No

Fabrizi 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	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
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Dr. Fabrizi repor	ts personal fees from AbbVie, personal fees from MSD, from null, during the conduct of the study; .

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Morales 1



Section 1.	lentifying Informat	tion			
1. Given Name (First Name) Jose M		2. Surname (Last Name) Morales		3. Date 14-August-2019	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nan Craig Gordon	ne	
5. Manuscript Title "Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease: Synopsis of the Kidney Disease: "					
6. Manuscript Identify M19-1539	ring Number (if you know	v it)			
Section 2. Th	ne Work Under Con	sideration for Public	ation		
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  Volume  Yes					
Section 3. Re	elevant financial ac	tivities outside the s	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? Yes Vo					
Section 4.					
In	tellectual Property	Patents & Copyrig	yhts		
Do you have any pat	tents, whether planned	d, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No	

Morales 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?			
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