

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 has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

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5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Section 1. Identifying Information. Given Name: Surname: Effective Date: 23-June-2010 Paul Perco (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? \(\subseteq\) Yes \(\subseteq\) No Corresponding author's name: Rainer Oberbauer Manuscript Title: Steroid donor pretreatment to prevent postischemic renal allograft failure: a randomized controlled trial Manuscript Identifying Number (if you know it): M10-0505 Section 2. Information about the support of the work under consideration for publication. Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? ☐ No X Yes, specify nature of compensation

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					FWF	P-18325	Del ×
	'			'			Add +
Consulting fee or honorarium							Del ×
	'						Add +
Support for travel to meetings for the study or otherwise							Del ×
	'			•			Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del×
							Add +
Payment for writing or reviewing the manuscript							Del ×



Туре	Money Paid to You*		oney Paid Money to to You* Institution		Name of Entity	Comments**	
	•						Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×
							Add +
Other	\boxtimes						Del ×
							Add +

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
						Add +
Consultancy	\boxtimes					Del×
						Add +
Employment	\boxtimes					Del×
						Add +
Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del ×

^{**}Use this section to provide any needed explanation



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
-						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
					1	Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children	or your spouse or	r partner have fi	nancial relatio	nships with	entities that l	nave an intere	est in the co	ontent of the
submitted work?								

X	To other relationships/conditions/circumstances that present potential conflict of interes
	es, the following relationships/conditions/circumstances are present (explain below):



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Given Name:		Surname:		Terr in D	16 A . 1 2010
(or first)	Alexander	(or last)	Kainz	Effective Date:	16-April-2010
,	e corresponding author? [, ,	No	Format exam	ple: 07-August-2008
Corresponding	g author's name: Raine	r Oberbauer			
Manuscript Ti	itle: Steroid donor pretre	atment to prev	vent postischemic renal allograf	t failure: a randomized,	controlled trial
Manuscript Id	lentifying Number (if yo	ou know it): [M10-0505		
Section 2. Info	ormation about the s	support of t	he work under consider	ation for publication	on.
	•		or support in kind for any asp manuscript preparation, statist		ork (including but no
☐ No					
∑ Yes, spe	ecify nature of compensat	ion			

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					Austrian Science Fund		Del ×
	'	•		•	1		Add -
Consulting fee or honorarium			\boxtimes				Del ×
	'	•					Add -
Support for travel to meetings for the study or otherwise							Del ×
					1		Add -
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	\boxtimes						Del ×
	•			•	, <u> </u>		Add -
Payment for writing or reviewing the manuscript							Del ×



Туре	Money Paid to You*				Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×
	•		•				Add +
Other			\boxtimes				Del ×
State T	•	1 1	•				Add +

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						Add +
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						Add +
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						Add +
Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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,						Add +
Honoraria	\boxtimes					Del ×
			<u> </u>			Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
			,			Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
,						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
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submitted work?								

☒ No other relationships/conditions	circumstances that present	potential conflict of interest
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Langer 1



Section 1. Ide	ntifying Ir	nformation	າ.				
Given Name: (or first)	Robert		Surname (or last)	: Langer		Effective Date:	
Are you the	correspond	ling author?	_ ☐ Yes ⊠	No		Format exan	nple: 07-August-2008
Corresponding	g author's n	name: Alexa	ander Kainz				
Manuscript Ti	itle:						
Manuscript Id	lentifying N	Number (if y	vou know it):				
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Section 3. Info	ormation a	about rele	vant financ	cial relat	ionships outside tl	ne submitted wo	ork.
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Type of Rela (in alphabetic			aid to	oney to Your stitution	Entity	Com	ments
Board membershi	p	\boxtimes					Del
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Employment							Del

Langer 2

Add +



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
						Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
proparation						Add +
Patents (planned, pending or issued)	\boxtimes					Del×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del×
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Stock/stock options	\boxtimes					Del ×
			- '			Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del×
						Add +

Langer 3



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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?
No other relationships/conditions/circumstances that present potential conflict of interest
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Section 1. Ide	entifying Ir	nformat	ion.					
Given Name: (or first)	Rainer		- 1	Surname: (or last)	Obei	rbauer	Effective Date:	
Are you the	e correspond	ling autho	or? 🛛 Y	Yes	No		Format exam	ple: 07-August-200
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Туре	e	Money to Y		Mone Yo Instit	ur	Name of Entity	Comme	ents**
		No	Yes	No	Yes			
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Support in kind such as writing, provision of medicines or equipment, or administrative support							Del ×
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Other							Del ×
							Add +

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Expert testimony	\boxtimes					Del ×
		,				Add +
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						Add +
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-					•	Add +
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						Add +
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5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Section 1. Identifying Information. Given Name: Surname: Effective Date: |02-April-2010 Maria Haller (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? Yes No Corresponding author's name: Rainer Oberbauer Manuscript Title: Steroid donor pretreatment to prevent postischemic renal allograft failure: a randomized controlled trial Manuscript Identifying Number (if you know it): M10-0505 Section 2. Information about the support of the work under consideration for publication.

Did you or your institution at any time receive pay	ment or support in kind for any a	aspect of the submitted work	(including but not
limited to grants, data monitoring board, study des	sign, manuscript preparation, stati	istical analysis, etc)?	

☐ No			
X Yes,	, specify natu	re of com	pensation

If you have more than one relationship click "Add +" to add a row. Click "Del X" to delete an extra row

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	\boxtimes			\boxtimes	Austrian Science Fund (FWF)		Del ?
	1			•			Add
Consulting fee or honorarium							Del 3
	1	•		'			Add
Support for travel to meetings for the study or otherwise							Del
							Add
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			\boxtimes				Del 3
	1			1	1		Add
Payment for writing or reviewing the manuscript							Del ?



Туре	Money Paid to You*				Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×
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Other			\boxtimes				Del ×
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^{**}Use this section to provide any needed explanation

Section 3. Information about relevant financial relationships 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 any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
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Consultancy	\boxtimes					Del×
						Add +
Employment	\boxtimes					Del×
						Add +
Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del ×



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
-						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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Wilflingseder

Effective Date: 07-April-2010

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Surname:

(or last)

Section 1. Identifying Information.

Julia

Given Name:

(or first)

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Are you the corres	ponding auth	or? Yes	× No		Format example: 07-August-	2008
Corresponding author	or's name:	Rainer Oberba	uer			
		retreatment to		ized controlled trial		
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Payment for development of educational presentations including service on speakers' bureaus						Del ×
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Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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Effective Date: 31-March-2010

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Surname:

Section 1. Identifying Information.

Christopher

Given Name:

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Corresponding	author's n	ame: Ale	exander Kain	Z			
Manuscript Titl	le: Steroid	donor pre	etreatment to	o prevent postis	chemic renal allograft failure:	a randomized controlled trial	
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Mitterbauer

Effective Date: 21-April-2010

Surname:

Section 1. Identifying Information.

Christa

Given Name:

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Are you the c	correspond	ing auth	or? Yes	□ No		Format example: 07-Aug	ust-2008
Manuscript Titl	le: Steroid	donor p	retreatment t	o prevent postis	schemic renal allograft fa	ailure: a randomized controlled tr	ial
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Gifts	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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The goal of this section is to provide information for our reviewers and readers about your interactions with entities in the biomedical 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. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to benefit financially from the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as the NIH or the MRC, need not be disclosed. For example, if the NIH sponsored a piece of work you have been involved in but drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



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Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?
No other relationships/conditions/circumstances that present potential conflict of interest
Yes, the following relationships/conditions/circumstances are present (explain below):

Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other)
that a reasonable reader would want to know about in relation to the submitted work?
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Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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