

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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".

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Chirag R.

2. Surname (Last Name)

Parikh

3. Date

23-October-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)

139927-JCI-CMED-RV-2

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Akebia Therapeutics, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees
Genfit Biopharmaceutical Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees
National Institute of Diabetes and Digestive and Kidney Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Heart, Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Renaltix AI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Section 1.

Identifying Information

1. Given Name (First Name)

Vernon

2. Surname (Last Name)

Chinchilli

3. Date

23-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag Parikh

5. Manuscript Title

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Dr. Chinchilli has nothing to disclose.

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1. Given Name (First Name)
Talat

2. Surname (Last Name)
Ikizler

3. Date
23-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Chirag R. Parikh

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Paul

2. Surname (Last Name)
Kimmel

3. Date
23-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Chirag Parikh

5. Manuscript Title
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Co-Editor, Chronic Renal Disease, 2nd Edition, Academic Press

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Dr. Kimmel reports and Co-Editor, Chronic Renal Disease, 2nd Edition, Academic Press.

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1. Given Name (First Name)

Jeremy

2. Surname (Last Name)

Puthumana

3. Date

23-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag Parikh

5. Manuscript Title

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4. Intellectual Property.

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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)

Pavan

2. Surname (Last Name)

Bhatraju

3. Date

28-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag R. Parikh

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)

139927-JCI-CMED-RV-2

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3.

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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. Bhatraju has nothing to disclose.

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)
Amit

2. Surname (Last Name)
Garg

3. Date
29-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Chirag R. Parikh

5. Manuscript Title
Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)
139927-JCI-CMED-RV-2

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

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Dr. Garg has nothing to disclose.

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)
Lloyd

2. Surname (Last Name)
Cantley

3. Date
26-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Chirag Parikh

5. Manuscript Title
Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MPM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I was asked to give a talk to this investment firm about AKI and received a one-time payment. The presentation did not include any discussion of the ASSESS-AKI study.
Vivance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I was asked to consult for this Biotech company regarding kidney drug targets that the company had identified. These were unrelated to the ASSESS-AKI study.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.

Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

Himmelfarb

3. Date

23-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag R. Parikh

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)

139927-JCI-CMED-RV-2

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Maze Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
RenalytixAI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board
Chinook Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board
Seattle Genetics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Pfizer, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Akebia Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Himmelfarb reports personal fees from Maze Therapeutics, personal fees from RenalytixAI, personal fees from Chinook Therapeutics, personal fees from Seattle Genetics, personal fees from Pfizer, Inc, personal fees from Akebia Therapeutics, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Heather

2. Surname (Last Name)

Thiessen Philbrook

3. Date

23-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag R Parikh

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

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Are there any relevant conflicts of interest?

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Section 4.

Intellectual Property -- Patents & Copyrights

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☐ Yes

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Ms. Thiessen Philbrook has nothing to disclose.

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4. Intellectual Property.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Leyuan	2. Surname (Last Name) Xu	3. Date 24-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chirag R. Parikh
5. Manuscript Title Biomarkers of inflammation and repair in kidney disease progression		
6. Manuscript Identifying Number (if you know it) 139927-JCI-CMED-RV-2		

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
NIH/NIDDK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K01DK120783

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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Dr. Xu reports grants from NIH/NIDDK, during the conduct of the study; .

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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)

Edward

2. Surname (Last Name)

Siew

3. Date

28-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag R. Parikh

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)

139927-JCI-CMED-RV-2

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3.

Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Akebia Therapeutics, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant on 4/19
Da Vita, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for an invited educational lecture 2/19
UptoDate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties as an author
American Society of Nephrology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service as an Associate Editor

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.

Intellectual Property -- Patents & Copyrights

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

Section 5.

Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6.

Disclosure Statement

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Dr. Siew reports personal fees as a consultant to Akebia Therapeutics, Inc on 4/19, honorarium as an invited speaker at the Da Vita, Inc. Annual Physician Leadership Conference 2/19, royalties as an author from UptoDate, personal fees from American Society of Nephrology for service on the editorial board of the Clinical Journal of the American Society of Nephrology, outside the submitted work; .

Evaluation and Feedback

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Alan

2. Surname (Last Name)

Go

3. Date

03-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Parikh, Chirag

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4.

Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Steven G

2. Surname (Last Name)

Coca

3. Date

28-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag Parikh

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)

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CHF Solutions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer-Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pulseData	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock options
Relypsa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
inRegen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
RenalytixAI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equity and stock options
3ive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Coca reports personal fees from CHF Solutions, personal fees from Boehringer-Ingelheim, personal fees from Takeda, personal fees and other from pulseData, personal fees from Relypsa, personal fees from Bayer, personal fees from inRegen, personal fees from Quark, grants, personal fees and other from RenalytixAI, personal fees from 3ive, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

James

2. Surname (Last Name)

Kaufman

3. Date

25-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag Parikh

5. Manuscript Title

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NIDDK / NIH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ 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. Kaufman reports personal fees from NIDDK / NIH, during the conduct of the study; .

Evaluation and Feedback

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

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.

1. Identifying information.

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".

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by 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 government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Kathleen

2. Surname (Last Name)

Liu

3. Date

23-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chirag R. Parikh

5. Manuscript Title

Biomarkers of inflammation and repair in kidney disease progression

6. Manuscript Identifying Number (if you know it)

139927-JCI-CMED-RV-2

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3.

Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH: National Heart, Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Awardee
NIH: National Institute of Diabetes and Digestive and Kidney Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Awardee
Biomerieux	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Durect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Theravance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Quark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Potrero Med	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stockholder
Baxter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gave talk at sponsored meeting
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board member
American Thoracic Society	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associate Editor
UpToDate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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. Liu reports grants from NIH: National Heart, Lung and Blood Institute, grants from NIH: National Institute of Diabetes and Digestive and Kidney Disease, personal fees from Biomerieux, personal fees from Durect, personal fees from Theravance, personal fees from Quark, personal fees from Potrero Med, other from Amgen, personal fees from Baxter, personal fees from Astra Zeneca, personal fees from American Thoracic Society, personal fees from UpToDate, outside the submitted work.

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1. Given Name (First Name)

Lorraine

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Ware

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23-October-2020

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☒ No

Corresponding Author's Name

Chirag Parikh

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Citius	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foresee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CSL Behring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Genentech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Contract

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CSL Behring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research contract

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. Ware reports personal fees from Citius, personal fees from Foresee, personal fees from Merck, personal fees from Boehringer Ingelheim, personal fees from Quark, personal fees from CSL Behring, personal fees from Bayer, other from Genentech, other from CSL Behring, outside the submitted work; .

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