

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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| Section 1.   | Identifying Inform         | ation                          |  |                         |
|--|----------------------------|--------------------------------|--|-------------------------|
| 1. Given Name (Fir<br>Guanzhong  | rst Name)                  | 2. Surname (Last Name)<br>Chen |  | Date<br>September-2020  |
| 4. Are you the corresponding author?   |                            | Yes 🖌 No                       | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |                         |
|  |                            |                                | rognosis in patients with coror                          | nary artery disease and |
| 6. Manuscript Ider<br>ATM-20-6365  | ntifying Number (if you kn | ow it)                         |  |                         |
|  |                            |                                |  |                         |
| Section 2.   | The Work Under Co          | onsideration 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<br>any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation,<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of interest? Yes Ves No  |                            |                                |  |                         |
| Section 3.   |                            |                                |  |                         |
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Dr. Chen has nothing to disclose.

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|--|-------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Xiaoming   | 2. Surname (Last Name)<br>Yan | 3. Date<br>10-September-2020                             |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                      | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute k<br>advanced kidney disease after coronary   |                               | prognosis in patients with coronary artery disease and   |  |  |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-6365   | ow it)                        |  |  |  |
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Dr. Yan has nothing to disclose.

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|--|---|---------------------------------|--|--|
| 1. Given Name (Fire<br>Zhidong   | st Name)  | 2. Surname (Last Name)<br>Huang | 3. Date<br>10-September-2020                             |  |
| 4. Are you the corresponding author?   |   | Yes 🖌 No                        | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |
|  | alysis-requiring acute ki<br>disease after coronary |                                 | rognosis in patients with coronary artery disease and    |  |
| 6. Manuscript Iden<br>ATM-20-6365  | tifying Number (if you kno                          | ow it)                          |  |  |
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| 4. Are you the corresponding author?   |   | Yes 🖌 No                      | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |
| Association of di  | 5. Manuscript Title<br>Association of dialysis-requiring acute kidney injury with 90-day prognosis in patients with coronary artery disease and<br>advanced kidney disease after coronary angiography |                               |  |  |
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| Section 1. Identifying Inform  | ation                        |  |  |  |
|--|------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Min  | 2. Surname (Last Name)<br>Li | 3. Date<br>10-September-2020                             |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                     | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute k<br>advanced kidney disease after coronary   |                              | rognosis in patients with coronary artery disease and    |  |  |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-6365   |                              | -  |  |  |
|  |                              |  |  |  |
| Section 2. The Work Under Co   | onsideration 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<br>any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation,<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of interest? Yes Ves No  |                              |  |  |  |
| Section 3. Relevant financial  | activities outside the s     | ubmitted work.   |  |  |
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| Section 4. Intellectual Proper   | ty Patents & Copyrig         | hts  |  |  |
| Do you have any patents, whether plan  |                              |  |  |  |



# Section 5. Relationships not covered above

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Dr. Li has nothing to disclose.

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| Section 1. Identifying Inform  | ation                         |  |  |  |
|--|-------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Jin  | 2. Surname (Last Name)<br>Liu | 3. Date<br>10-September-2020                             |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                      | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute k<br>advanced kidney disease after coronary   |                               | rognosis in patients with coronary artery disease and    |  |  |
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| Section 1.   | Identifying Inform         | ation                          |  |  |
|--|----------------------------|--------------------------------|--|--|
| 1. Given Name (First Name)<br>Shiqun   |                            | 2. Surname (Last Name)<br>Chen | 3. Date<br>10-September-2020                             |  |
| 4. Are you the corresponding author?   |                            | Yes 🖌 No                       | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |
|  |                            |                                | rognosis in patients with coronary artery disease and    |  |
| 6. Manuscript Ider<br>ATM-20-6365  | ntifying Number (if you kn | ow it)                         |  |  |
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|  | l                          |                                |  |  |
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| Section 1. Identifying Inform  | ation                        |  |  |  |
|--|------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Huanqiang  | 2. Surname (Last Name)<br>Li | 3. Date<br>10-September-2020                             |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                     | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute k<br>advanced kidney disease after coronary   |                              | rognosis in patients with coronary artery disease and    |  |  |
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| Section 1. Identifying Inform  | ation                         |  |  |  |
|--|-------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Ziling   | 2. Surname (Last Name)<br>Mai | 3. Date<br>10-September-2020                             |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                      | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |
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| Section 1.   | Identifying Inform        | ation                          |  |  |
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| 1. Given Name (Fir<br>Enzhao   | st Name)                  | 2. Surname (Last Name)<br>Chen | 3. Date<br>10-September-2020                             |  |
| 4. Are you the corresponding author?   |                           | Yes 🖌 No                       | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |
|  |                           |                                | rognosis in patients with coronary artery disease and    |  |
| 6. Manuscript Iden<br>ATM-20-6365  | tifying Number (if you kn | ow it)                         |  |  |
|  |                           |                                |  |  |
| Section 2.   | The Work Under Co         | onsideration 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<br>any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation,<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of interest? Yes V No  |                           |                                |  |  |
| Section 3.   | Relevant financial a      | 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 No |                           |                                |  |  |
| Section 4.   | Intellectual Proper       | ty Patents & Copyrig           | hts  |  |
| 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. Chen has nothing to disclose.

#### **Evaluation and Feedback**



#### Instructions

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| Section 1. Identifying Inform  | ation                         |  |  |  |
|--|-------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Disheng  | 2. Surname (Last Name)<br>Lai | 3. Date<br>10-September-2020                             |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                      | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute k<br>advanced kidney disease after coronary   |                               | rognosis in patients with coronary artery disease and    |  |  |
| 6. Manuscript Identifying Number (if you kn<br>ATM-20-6365   | now it)                       | -  |  |  |
|  |                               |  |  |  |
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| Section 3. Relevant financial  | activities outside the s      | ubmitted work  |  |  |
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Dr. Lai has nothing to disclose.

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| Section 1.  | Identifying Inform                                | ation                          |  |  |  |  |
|---|---|--------------------------------|--|--|--|--|
| 1. Given Name (First Name)<br>Bo  |   | 2. Surname (Last Name)<br>Wang | 3. Date<br>10-September-2020                                   |  |  |  |
| 4. Are you the corresponding author?  |   | Yes 🖌 No                       | Corresponding Author's Name<br>Jiyan Shuisheng Wei, Jiyan Chen |  |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute ki<br>advanced kidney disease after coronary   |   |                                | rognosis in patients with coronary artery disease and          |  |  |  |
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| Continu 4   |   |                                |  |  |  |  |
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| Section 1.   | Identifying Information   |                                 |  |  |  |
|--|---------------------------|---------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Haozhang   |                           | 2. Surname (Last Name)<br>Huang | 3. Date<br>10-September-2020                             |  |  |
| 4. Are you the corresponding author?   |                           | Yes 🖌 No                        | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |
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| Costion 2  |                           |                                 |  |  |  |
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| Section 1. Identifying Inform  | ation                         |  |  |  |  |
|--|-------------------------------|--|--|--|--|
| 1. Given Name (First Name)<br>Ning   | 2. Surname (Last Name)<br>Tan | 3. Date<br>10-September-2020                             |  |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                      | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute kidney injury with 90-day prognosis in patients with coronary artery disease and<br>advanced kidney disease after coronary angiography  |                               |  |  |  |  |
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| Continue   |                               |  |  |  |  |
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|---|-------------------------|-------------------------------|--|--|--|--|
| 1. Given Name (First Name)<br>Yong  |                         | 2. Surname (Last Name)<br>Liu | 3. Date<br>10-September-2020                             |  |  |  |
| 4. Are you the corresponding author?  |                         | Yes 🖌 No                      | Corresponding Author's Name<br>Shuisheng Wei, Jiyan Chen |  |  |  |
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|   | l                       |                               |  |  |  |  |
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| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for<br>any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation,<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of interest? Yes Ves No   |                         |                               |  |  |  |  |
| Section 3.  | Relevant financial a    | 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> .<br>Are there any relevant conflicts of interest? Yes Vo |                         |                               |  |  |  |  |
| Section 4.  | Intellectual Proper     | ty Patents & Copyrig          | hts  |  |  |  |
| 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?

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

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## Section 6. Disclosure Statement

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

Dr. Liu has nothing to disclose.

#### **Evaluation and Feedback**



#### 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.

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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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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

patent

#### **Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.



| Section 1. Identifying Inform   | nation  |                              |  |  |  |  |
|---|---|------------------------------|--|--|--|--|
| 1. Given Name (First Name)<br>Shuisheng   | 2. Surname (Last Name)<br>Wei                     | 3. Date<br>10-September-2020 |  |  |  |  |
| 4. Are you the corresponding author?  | ✓ Yes No  |                              |  |  |  |  |
| 5. Manuscript Title<br>Association of dialysis-requiring acute kidney injury with 90-day prognosis in patients with coronary artery disease and<br>advanced kidney disease after coronary angiography   |   |                              |  |  |  |  |
| 6. Manuscript Identifying Number (if you k<br>ATM-20-6365   | 6. Manuscript Identifying Number (if you know it) |                              |  |  |  |  |
|   |   |                              |  |  |  |  |
| Section 2. The Work Under C   | Consideration for Publication                     |                              |  |  |  |  |
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| Section 3. Relevant financial   | activities outside the submittee                  | d work.                      |  |  |  |  |
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Dr. Wei has nothing to disclose.

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| Section 1.   | Identifying Information |                                |                      |       |                              |
|--|-------------------------|--------------------------------|----------------------|-------|------------------------------|
| 1. Given Name (First Name)<br>Jiyan  |                         | 2. Surname (Last Name)<br>Chen |                      |       | 3. Date<br>10-September-2020 |
| 4. Are you the corresponding author?   |                         | ✓ Yes                          | No                   |       |                              |
| 5. Manuscript Title<br>Association of dialysis-requiring acute kidney injury with 90-day prognosis in patients with coronary artery disease and<br>advanced kidney disease after coronary angiography  |                         |                                |                      |       | oronary artery disease and   |
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|  |                         |                                |                      |       |                              |
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|  |                         |                                |                      |       |                              |
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Dr. Chen has nothing to disclose.

#### **Evaluation and Feedback**