

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Xi Zhu
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Health Commission of Zhejiang Province | Medical and Health Research Program of Zhejiang Province |
| | | Lishui Science and Technology Bureau | Lishui Municipal Science and Technology Program |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | <u> </u> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
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| | | | |
| 6 | Payment for expert testimony | <u> </u> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <u> </u> None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
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| 11 | Stock or stock options | <u> </u> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <u> </u> None | |
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Please summarize the above conflict of interest in the following box:

Xi Zhu reports grants from Health Commission of Zhejiang Province, Lishui Science and Technology Bureau, during the conduct of the study.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Zhouting Li
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
 Manuscript number (if known): _____

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| 3 | Royalties or licenses | ____ None | |
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| 6 | Payment for expert testimony | ___ None | |
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| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Xiaofang Xia
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
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| 3 | Royalties or licenses | ____ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| 13 | Other financial or non-financial interests | ___ None | |
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Please summarize the above conflict of interest in the following box:

Xiaofang Xia reports grants from Health Commission of Zhejiang Province, Lishui Science and Technology Bureau, during the conduct of the study.

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Xiaomin Zeng
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
 Manuscript number (if known): _____

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| 3 | Royalties or licenses | ____ None | |
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| 4 | Consulting fees | <u> </u> None | |
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| 6 | Payment for expert testimony | <u> </u> None | |
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| 11 | Stock or stock options | <u> </u> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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| 13 | Other financial or non-financial interests | <u> </u> None | |
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Xiaomin Zeng reports grants from Health Commission of Zhejiang Province, Lishui Science and Technology Bureau, during the conduct of the study.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Feng Cheng
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
 Manuscript number (if known): _____

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| | | | |
| 13 | Other financial or non-financial interests | <u> </u> None | |
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Feng Cheng reports grants from Health Commission of Zhejiang Province, Lishui Science and Technology Bureau, during the conduct of the study.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Bin Zhou
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
 Manuscript number (if known): _____

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| 13 | Other financial or non-financial interests | ___ None | |
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Bin Zhou reports grants from Health Commission of Zhejiang Province, Lishui Science and Technology Bureau, during the conduct of the study.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Yong Wu
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
 Manuscript number (if known): _____

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| 13 | Other financial or non-financial interests | ___ None | |
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Yong Wu reports grants from Health Commission of Zhejiang Province, Lishui Science and Technology Bureau, during the conduct of the study.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022.01.11
 Your Name: Lei Zhu
 Manuscript Title: Predictors of hyperkalemia after total parathyroidectomy in patients with drug-refractory secondary hyperparathyroidism
 Manuscript number (if known): _____

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| 13 | Other financial or non-financial interests | <u> </u> None | |
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