Date:\_\_2022.06.17\_\_\_\_\_ Your Name:\_\_ \_\_Hongtao Zhao\_\_\_\_\_\_ Manuscript Title:\_\_\_ \_\_\_ An Important Measure Taken for China Organ Transplant Response System

Manuscript number (if known):\_\_HBSN-22-226\_\_\_\_\_

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
-	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.

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

Date:\_\_2022.6.17\_\_\_\_ Your Name:\_\_ \_\_Haibo Wang\_\_\_\_\_ Manuscript Title:\_\_\_ \_\_ An Important Measure Taken for China Organ Transplant Response System

Manuscript number (if known):\_\_\_HBSN-22-226\_\_\_\_\_\_

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1	All support for the present	None	
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
-	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.

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

Date:\_\_2022.6.17\_\_\_\_ Your Name:\_\_ \_\_Miao Pu\_\_\_\_\_ Manuscript Title:\_\_\_ \_\_\_ An Important Measure Taken for China Organ Transplant Response System

Manuscript number (if known):\_\_HBSN-22-226\_\_\_\_\_\_

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
-	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.

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

Date:\_\_2022.6.17\_\_\_\_ Your Name:\_\_ \_\_Jie Zhao\_\_\_\_\_ Manuscript Title:\_\_\_ \_\_ An Important Measure Taken for China Organ Transplant Response System

Manuscript number (if known):\_\_HBSN-22-226\_\_\_\_\_\_

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
-	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.

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

Date:\_\_2022.6.17\_\_\_\_ Your Name:\_\_ \_\_You Wu\_\_\_\_\_ Manuscript Title:\_\_\_ \_\_ An Important Measure Taken for China Organ Transplant Response System

Manuscript number (if known):\_\_HBSN-22-226\_\_\_\_\_

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
-	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.

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

Date:\_\_2022.6.17\_\_\_\_ Your Name:\_\_ \_\_Ying Shi\_\_\_\_\_ Manuscript Title:\_\_\_ \_\_\_ An Important Measure Taken for China Organ Transplant Response System

Manuscript number (if known):\_\_HBSN-22-226\_\_\_\_\_

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
-	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.

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

Date:\_\_2022.6.17\_\_\_\_\_ Your Name:\_\_ \_\_Jiefu Huang\_\_\_\_\_\_ Manuscript Title:\_\_\_ \_\_\_ An Important Measure Taken for China Organ Transplant Response System

Manuscript number (if known):\_\_HBSN-22-226\_\_\_\_\_

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		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.) <b>No time limit for this item.</b>	None			
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
-					
3	Royalties or licenses	None			
4	Consulting fees	None			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

No conflict of interest to declare.

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