

ICMJE DISCLOSURE FORM

Date: 2022/9/17
 Your Name: Shilin Xia
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
 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.

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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.) No time limit for this item.	<u> X </u> None	
Time frame: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

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

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: 2022/9/17
 Your Name: Meishuai Zhang
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/9/17
 Your Name: Han Liu
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/9/17
 Your Name: Haibin Dong
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/9/17
 Your Name: Nannan Wu
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/9/17
 Your Name: Christian J. Wiedermann
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
 Manuscript number (if known): _____

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees		fees for consulting from CSL Behring and Biotest

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		fees for speaking from CSL Behring and Biotest
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

C.J.W. has received fees for speaking and/or consulting from CSL Behring and Biotest.

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

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: 2022/9/17

Your Name: David Andaluz-Ojeda

Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/9/17
 Your Name: Huiqing Chen
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
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Date: 2022/9/17
 Your Name: Nan Li
 Manuscript Title: Diagnostic and prognostic value of heme oxygenase-1 in sepsis-induced acute kidney injury: A cross-sectional study
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