

## ICMJE DISCLOSURE FORM

Date: 2022/11/24  
 Your Name: Hui Li  
 Manuscript Title: Beneficial effect of roxadustat on early posttransplant anemia and iron utilization in kidney transplant recipients  
 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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
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	
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8	Patents planned, issued or pending	<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: 2022/11/24  
 Your Name: Shu-Meng Hu  
 Manuscript Title: Beneficial effect of roxadustat on early posttransplant anemia and iron utilization in kidney transplant recipients  
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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/11/24 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Ya-Mei Li \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Beneficial effect of roxadustat on early posttransplant anemia and iron utilization in kidney transplant recipients \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 11/14/2022

Your Name: Gaeatano Ciancio

Manuscript Title: **Beneficial effect of roxadustat on early post-transplant anemia and iron utilization in kidney transplant recipients**

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: 2022/11/24  
 Your Name: Ye Tao  
 Manuscript Title: Beneficial effect of roxadustat on early posttransplant anemia and iron utilization in kidney transplant recipients  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022/11/24  
 Your Name: Yang-Juan Bai  
 Manuscript Title: Beneficial effect of roxadustat on early posttransplant anemia and iron utilization in kidney transplant recipients  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022/11/24  
 Your Name: Yun-Ying Shi  
 Manuscript Title: Beneficial effect of roxadustat on early posttransplant anemia and iron utilization in kidney transplant recipients  
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