Date:2022-11-25
Your Name: Long Jiang
Manuscript Title: Predictive value of the serum anion gap for 28-day in-hospital all-cause mortality in sepsis patient
with acute kidney injury: a retrospective analysis of the MIMIC-IV database
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 <u>current 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)
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.	Time frame: Since the initial	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	VNone	

5	Payment or honoraria for	√None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<b>v</b> None		
	testimony			
7	Support for attending meetings and/or travel	vNone		
8	Patents planned, issued or	√_None		
	pending			
9	Participation on a Data	<b>v</b> None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	VNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	√ None		
11	Stock or stock options	vNone		
12	Receipt of equipment,	√ None		
12	materials, drugs, medical	vNone		
	writing, gifts or other			
	services			
13	Other financial or non-	√ None		
	financial interests			
Plea	ase summarize the above co	inflict of interest in the f	ollowing box:	
С	Or. Jiang has nothing to disclose			

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

Date:2022-11-25	
Your Name: Zhigao Wang	
Manuscript Title: Predictive value of the serum anion gap for 28-day in-hospital all-cause mortality in sepsis patien	nts
with acute kidney injury: a retrospective analysis of the MIMIC-IV database	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	vNone	
4	Consulting fees	vNone	

5	Payment or honoraria for	v_None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	√None		
	testimony			
7	Support for attending meetings and/or travel	vNone		
8	Patents planned, issued or	v_None		
	pending			
9	Participation on a Data	vNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	vNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	vNone		
12	Receipt of equipment,	vNone		
	materials, drugs, medical			
	writing, gifts or other			
12	services Other financial or non-	./ None		
13	financial interests	vNone		
	illianciai interests			
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rie	ase summanze the above co	minut of interest in the 10	mowing nov.	
	Or. Wang has nothing to disclose	<u> </u>		
'	7. Wang has nothing to disclose	₹.		

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

Date:	2022-11-25
Your Na	me: Lu Wang
Manusc	ript Title: Predictive value of the serum anion gap for 28-day in-hospital all-cause mortality in sepsis patients
with acı	ute kidney injury: a retrospective analysis of the MIMIC-IV database
Manusc	ript number (if known):

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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.	VNone	
2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	v_None	
4	Consulting fees	VNone	

5	Payment or honoraria for	v_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
	testimony		
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or	vNone	
	pending		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	v_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√ None	
	, , , , , , , , , , , , , , , , , , ,		
12	Receipt of equipment,	vNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the f	ollowing box:
	Or. Wang has nothing to disclose		
	71. Wang has nothing to disclose		

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

Date:2022-11-25	
Your Name: Yan Liu	
Manuscript Title: Predictive value of the serum anion gap for 28-day	in-hospital all-cause mortality in sepsis patients
with acute kidney injury: a retrospective analysis of the MIMIC-IV datal	pase
Manuscript number (if known):	

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		Time frame: Since the initial	planning of the work
1	All support for the present	v_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	v_None	
4	Consulting fees	v_None	

5	Payment or honoraria for lectures, presentations,	vNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	vNone		
	testimony			
7	Support for attending meetings and/or travel	vNone		
8	Patents planned, issued or	vNone		
	pending			
9	Participation on a Data	vNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	vNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	vNone		
12	Receipt of equipment,	vNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	vNone		
	financial interests			
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Ple	ase summarize the above co	intlict of interest in the fol	iowing box:	
	No. 1 iv. haa makhima ka diseleee			
'	Or. Liu has nothing to disclose.			
- 1				

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

Date:2022-11-25	
Your Name: Dong Chen	
Manuscript Title: Predictive value of the serum anion gap for 28-day in-hospital all-ca	use mortality in sepsis patients
with acute kidney injury: a retrospective analysis of the MIMIC-IV database	
Manuscript number (if known):	

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		Time frame: past	36 months
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3	Royalties or licenses	vNone	
4	Consulting fees	vNone	

				_		
5	Payment or honoraria for lectures, presentations,	vNone				
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert	√ None				
0	testimony			_		
	Costilloriy					
7	Support for attending	√ None				
	meetings and/or travel					
8	Patents planned, issued or	v_None				
	pending					
9	Participation on a Data	vNone				
	Safety Monitoring Board or					
10	Advisory Board	./ Name				
10	Leadership or fiduciary role in other board, society,	v_None		_		
	committee or advocacy			_		
	group, paid or unpaid					
11	Stock or stock options	vNone				
12	Receipt of equipment,	vNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	√ None				
10	financial interests					
Plea	ase summarize the above co	nflict of interest in the foll	owing box:			
	Or. Chen has nothing to disclose					

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

Date:2022-11-25	
Your Name: Daquan Zhang	
Manuscript Title: Predictive value of the serum anion gap for 28-day in-hospital all-cause mortality in sepsis pat	ients
with acute kidney injury: a retrospective analysis of the MIMIC-IV database	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	vNone	
4	Consulting fees	vNone	

5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√ None	
U	testimony	vNone	
	testimony		
_			
7	Support for attending	v_None	
	meetings and/or travel		
8	Patents planned, issued or	√ None	
	pending		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	vNone	
12	Receipt of equipment,	vNone	
	materials, drugs, medical		
	writing, gifts or other		
L	services		
13	Other financial or non-	v_None	
	financial interests		
Dlas	ise summarize the above co	nflict of interest in the fo	allowing boy:

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

Dr. Zhang has nothing to disclose.	

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.

Date:2022-11-25
Your Name: Xiaohui Shi
Manuscript Title: Predictive value of the serum anion gap for 28-day in-hospital all-cause mortality in sepsis patients
with acute kidney injury: a retrospective analysis of the MIMIC-IV database
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	vNone	
4	Consulting fees	v_None	

pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Participation on a Data V_None			Т				
lectures, presentations, speakers bureaus, manuscript writing or educational events   V_None	_	D 1 1 : f	( )				
speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Participation on a Data Safety Monitoring Board or Advisory Board  Description of Inductory role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other sacrices  Other financial interests  Dr. Shi has nothing to disclose.  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 form.	•		vNone				
manuscript writing or educational events    Payment for expert testimony							
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Support for attending meetings and/or travel	_		a/ Name				
7 Support for attending meetings and/or travel  8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests  14 Dease summarize the above conflict of interest in the following box:  Dr. Shi has nothing to disclose.  Drease place an "X" next to the following statement to indicate your agreement:  Lectify that I have answered every question and have not altered the wording of any of the questions on form.	ь		vnone				
meetings and/or travel    Patents planned, issued or pending		testimony					
meetings and/or travel	_						
Please place an "X" next to the following statement to indicate your agreement:    V None	7		v_None				
Pericipation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  V_None  Stock or stock options  V_None  Pease summarize the above conflict of interest in the following box:  Dr. Shi has nothing to disclose.  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 form.		meetings and/or travel					
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Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Paceipt of equipment, materials, drugs, medical writing, gifts or other services  The property of the property o	8	Patents planned, issued or	v_None				
Safety Monitoring Board or Advisory Board  10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11. Stock or stock options  22. Receipt of equipment, materials, drugs, medical writing, gifts or other services  13. Other financial or non-financial interests  14. Please summarize the above conflict of interest in the following box:  15. Dr. Shi has nothing to disclose.  16. Please place an "X" next to the following statement to indicate your agreement:  17. Lertify that I have answered every question and have not altered the wording of any of the questions on form.		pending					
Safety Monitoring Board or Advisory Board  10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11. Stock or stock options  22. Receipt of equipment, materials, drugs, medical writing, gifts or other services  13. Other financial or non-financial interests  14. Please summarize the above conflict of interest in the following box:  15. Dr. Shi has nothing to disclose.  16. Please place an "X" next to the following statement to indicate your agreement:  17. Lertify that I have answered every question and have not altered the wording of any of the questions on form.							
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Advisory Board    Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid    Stock or stock options		· · · · · · · · · · · · · · · · · · ·					
in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  2 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  14 None  26 Please summarize the above conflict of interest in the following box:  15 Dr. Shi has nothing to disclose.  26 Please place an "X" next to the following statement to indicate your agreement:  1 Certify that I have answered every question and have not altered the wording of any of the questions on form.		Advisory Board					
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committee or advocacy group, paid or unpaid  Stock or stock options  V_None  V_None  V_None  Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  Dr. Shi has nothing to disclose.  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 form.							
group, paid or unpaid  Stock or stock options		<del>-</del>					
Stock or stock options		<del>-</del>					
Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:  Dr. Shi has nothing to disclose.  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 form.	11		√ None				
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materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:  Dr. Shi has nothing to disclose.  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 form.	12	Receipt of equipment,	√ None				
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Services   Other financial or non-financial interests   V_None							
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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 form.	Plea	se summarize the above co	nflict of interest in the fol	lowing box:			
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Date:2022-11-25	
Your Name: Dong Xiao	
Manuscript Title: Predictive value of the serum anion gap for 28-day in-hospital all-cause mortality in sepsis patier	ıts
with acute kidney injury: a retrospective analysis of the MIMIC-IV database	
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 <u>current 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	I	planning of the work
1	All support for the present manuscript (e.g., funding,	VNone	
	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	v_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	v_None	
4	Consulting fees	vNone	

testimony    Support for attending meetings and/or travel	5	1		
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7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  14 Dease summarize the above conflict of interest in the following box:  Dr. Xiao has nothing to disclose.  Please place an "X" next to the following statement to indicate your agreement:  1 Certify that I have answered every question and have not altered the wording of any of the questions on form.	0	•	v_none	
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