

ICMJE DISCLOSURE FORM

Date: November 14th, 2022

Your Name: Priyanka Rashmi

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors.

Manuscript number (if known): ATM-22-3670

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)
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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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: Nov 14th, 2022

Your Name: Tara Sigdel

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors

Manuscript number (if known): ATM-22-3670 _____

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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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	

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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: Nov. 10th, 2022

Your Name: Dmitry Rychkov

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: November 14th, 2022

Your Name: Izabella Damm

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors.

Manuscript number (if known): ATM-22-3670

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3	Royalties or licenses	__X__ None	
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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: November. 11th, 2022

Your Name: Andrea Alice da Silva

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors.

Manuscript number (if known): ATM-22-3670

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4	Consulting fees	<u> X </u> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Nov 14th 2022

Your Name: Flavio Vincenti

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors

Manuscript number (if known): ATM-22-3670

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ICMJE DISCLOSURE FORM

Date: Nov. 10th, 2022

Your Name: André Luiz Lourenço

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors

Manuscript number (if known): ATM-22-3670

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: Nov. 10th, 2022

Your Name: Charles S. Craik

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors

Manuscript number (if known): ATM-22-3670

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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	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 11/16/2022

Your Name: Jochen Reiser, MD, PhD

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors

Manuscript number (if known): ATM-22-3670

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	
		Nephcure	
3	Royalties or licenses	__X__ None	

4	Consulting fees	Reata	consultant
		Novateur Ventures	consultant
		Walden Biosciences	consultant
		Biomarin	consultant
		Astellas	consultant
		Massachusetts General Hospital	consultant
		Genentech	consultant
		Up to Date	consultant
		Merck	consultant
		Insceptionsci	consultant
		GL	consultant
		Visterra	consultant
		Aclipse	consultant
		MantraBio	consultant
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	
8	Patents planned, issued or pending	US20110212083- Role of soluble uPAR in the Pathogenesis of Proteinuric Kidney Disease	
		US9867923-Reducing Soluble rokinase Receptor in the Circulation	
		JP2016530510-Non-Glycosylated suPAR Biomarkers and Uses thereof	
		US20160296592- Methods/Compositions for the Treatment of Proteinuric Diseases	

		US9144594-Dynamin Mediated Diseases	
		US8809386-Dynamin Ring Stabilizers	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Walden Biosciences	Scientific Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	Walden Biosciences	
		Aclipse	
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:

The author receives consulting fees from Reata, Novateur Ventures, Walden Biosciences, Biomarin, Astellas, Massachusetts General Hospital, Genentech, Up to Date, Merck, Inseptionsci, GL, Visterra, Aclipse and MantraBio. Author also has several patents: US20110212083- Role of soluble uPAR in the Pathogenesis of Proteinuric Kidney Disease, US9867923-Reducing Soluble rokinase Receptor in the Circulation, JP2016530510-Non-Glycosylated suPAR Biomarkers and Uses thereof, US20160296592-Methods/Compositions for the Treatment of Proteinuric Diseases, US9144594-Dynamin Mediated Diseases and US8809386-Dynamin Ring Stabilizers. The author is also on Scientific advisory board of Walden Biosciences and has stocks/stock options at Walden Biosciences and Aclipse.

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: November 17th, 2022

Your Name: Minnie M. Sarwal

Manuscript Title: Perturbations in podocyte transcriptome and biological pathways induced by FSGS associated circulating factors.

Manuscript number (if known): ATM-22-3670

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Nephrosant, Founder	

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

Dr. Sarwal is a founder of technology for the assessment of kidney injury, owned by the regents, University of California. As the founder she has financial or non-financial interests in Nephrosant.

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

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