

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ao	2. Surname (Last Name) Ren	3. Date 25-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yi Ma
5. Manuscript Title Optimal Timing of initiating CRRT in Patients with Acute Kidney Injury after Liver Transplantation.		
6. Manuscript Identifying Number (if you know it) ATM-20-2352		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Ren has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhongqiu	2. Surname (Last Name) Li	3. Date 25-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Ma
5. Manuscript Title Optimal Timing of initiating CRRT in Patients with Acute Kidney Injury after Liver Transplantation.		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Li has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Xuzhi

2. Surname (Last Name)

Zhang

3. Date

25-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Yi Ma

5. Manuscript Title

Optimal Timing of initiating CRRT in Patients with Acute Kidney Injury after Liver Transplantation.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yi Ma
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Yi

2. Surname (Last Name)

Ma

3. Date

25-June-2020

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☒ Yes ☐ No

5. Manuscript Title

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