

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1.

Identifying Information

1. Given Name (First Name)

Yingqi

2. Surname (Last Name)

Chen

3. Date

26-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Anshi Wu

5. Manuscript Title

Chronic severe hepatitis and preoperative creatinine are independent risk factors for acute kidney injury after liver transplantation

6. Manuscript Identifying Number (if you know it)

ATM-20-7680

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shanshan	2. Surname (Last Name) Mu	3. Date 26-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anshi Wu
5. Manuscript Title Chronic severe hepatitis and preoperative creatinine are independent risk factors for acute kidney injury after liver transplantation		
6. Manuscript Identifying Number (if you know it) ATM-20-7680		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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Corresponding Author's Name

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Anshi

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Wu

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