

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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Section 1. Identifying Information

1. Given Name (First Name)
Rui

2. Surname (Last Name)
Chen

3. Date
10-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Luxia Zhang

5. Manuscript Title
Association of Cardiovascular Disease with 30-day Hospital Readmission in Chinese Patients Receiving Maintenance Dialysis

6. Manuscript Identifying Number (if you know it)
ATM-20-2367

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Natural Science Foundation of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peking University	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the Ministry of Science and Technology of the People's Republic of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
University of Michigan Health System-Peking University Health Science Center Joint Institute for Translational and Clinical Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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1. Given Name (First Name) Chao	2. Surname (Last Name) Yang	3. Date 15-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luxia Zhang
5. Manuscript Title Association of Cardiovascular Disease with 30-day Hospital Readmission in Chinese Patients Receiving Maintenance Dialysis		
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Dr. Zhu has nothing to disclose.

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University of Michigan Health System-Peking University Health Science Center Joint Institute for Translational and Clinical Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bixia

2. Surname (Last Name)
Gao

3. Date
15-November-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Luxia Zhang

5. Manuscript Title
Association of Cardiovascular Disease with 30-day Hospital Readmission in Chinese Patients Receiving Maintenance Dialysis

6. Manuscript Identifying Number (if you know it)
ATM-20-2367

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lili	2. Surname (Last Name) Liu	3. Date 15-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luxia Zhang
5. Manuscript Title Association of Cardiovascular Disease with 30-day Hospital Readmission in Chinese Patients Receiving Maintenance Dialysis		
6. Manuscript Identifying Number (if you know it) ATM-20-2367		

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Section 1. Identifying Information

1. Given Name (First Name)
Yifang

2. Surname (Last Name)
Jiang

3. Date
15-November-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Luxia Zhang

5. Manuscript Title
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1. Given Name (First Name) Yu	2. Surname (Last Name) Lin	3. Date 15-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luxia Zhang
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jingyi

2. Surname (Last Name)
Wu

3. Date
15-November-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Luxia Zhang

5. Manuscript Title
Association of Cardiovascular Disease with 30-day Hospital Readmission in Chinese Patients Receiving Maintenance Dialysis

6. Manuscript Identifying Number (if you know it)
ATM-20-2367

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1. Given Name (First Name) Guilan	2. Surname (Last Name) Kong	3. Date 15-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luxia Zhang
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Fang

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Wang

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Peking University	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the Ministry of Science and Technology of the People's Republic of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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