Date:_Feb 8th2022_

Your Name: Renjie Song

	anuscript Title:		tional heatstroke-related acute kidney injury_	
Ma	anuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content of necessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply anuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertension he manuscript.	
	item #1 below, report all su e time frame for disclosure i		I in this manuscript without time limit. For all other ite	ms,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
2	Cranta ar contracts from	Time frame: past 3	36 months	
2	Grants or contracts from any entity (if not indicated	<u>√</u> None		
	in item #1 above).			
2	,	/ 21		
3	Royalties or licenses	None		
4	Consulting fees	√ None		
7	Consulting rees	<u>v</u> Notic		
5	Payment or honoraria for	_√ None		

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ <u>√</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u>√</u> None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical		
services			
13	Other financial or non-	<u>√</u> None	
	financial interests		

none			

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

Date:_Feb 8th2022_

Your Name: Qinglin Li

	nuscript Title:		tional heatstroke-related acute kidney injury	
Ma	nuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content of necessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	lefined broadly. For example, if your manuscript pertainall relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	-	l in this manuscript without time limit. For all other iter	ms,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		_	•	
		none (add rows as needed)		
		_		
1	All support for the present	none (add rows as needed)		
1	manuscript (e.g., funding,	none (add rows as needed) Time frame: Since the initial		
1	manuscript (e.g., funding, provision of study materials,	none (add rows as needed) Time frame: Since the initial		
1	manuscript (e.g., funding, provision of study materials, medical writing, article	none (add rows as needed) Time frame: Since the initial		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initial		
1	manuscript (e.g., funding, provision of study materials, medical writing, article	none (add rows as needed) Time frame: Since the initial		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initial		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initial None	planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	none (add rows as needed) Time frame: Since the initial ✓ None Time frame: past	planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	none (add rows as needed) Time frame: Since the initial None	planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	none (add rows as needed) Time frame: Since the initial ✓ None Time frame: past	planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	none (add rows as needed) Time frame: Since the initial √_None Time frame: past √_None	planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	none (add rows as needed) Time frame: Since the initial ✓ None Time frame: past	planning of the work	
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	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ <u>√</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u>√</u> None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical		
services			
13	Other financial or non-	<u>√</u> None	
	financial interests		

none			

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

Date:_ Feb 8th2022_

Yo	ur Name: <u>Jie Hu</u>			
Ma	nuscript Title:	A mouse model of exert	tional heatstroke-related acute kidney injury_	
Ma	nuscript number (if known)):		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current	
	nuscript only.	to the author's relationship	os activities interests as they relate to the <u>current</u>	
<u>c</u>				
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in to prove the propertion of the work reported the categories.	defined broadly. For example, if your manuscript pertainall relationships with manufacturers of antihypertensive manuscript. I in this manuscript without time limit. For all other ite	ve
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialNone	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: pastNone	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
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	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ <u>√</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u>√</u> None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical		
services			
13	Other financial or non-	<u>√</u> None	
	financial interests		

none			

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

Date:_Feb 8th2022_

5

Payment or honoraria for

lectures, presentations,

√ None

Your Name: Hongyu Yi

Ma	nuscript Title:	A mouse model of exert	tional heatstroke-related acute kidney injury_	
Ma	nuscript number (if known)	:		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content of necessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto dication, even if that medic	ension, you should declare a ation is not mentioned in the pport for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other iten	
		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	
L	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.	None		
		Time frame: past 3	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
1	Consulting fees	<u>√</u> None		

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ <u>√</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u>√</u> None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical		
services			
13	Other financial or non-	<u>√</u> None	
	financial interests		

none			

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

Date:_Feb 8th2022

5

Payment or honoraria for

lectures, presentations,

√ None

Yo	ur Name:Zhi Mao			
Ma	nuscript Title:	A mouse model of exert	tional heatstroke-related acute kidney injury_	
Ma	nuscript number (if known)	:		
related to the related	ated to the content of your ries whose interests may be transparency and does not reationship/activity/interest,	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do		
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to i	the epidemiology of hypertedication, even if that medic	ension, you should declare a ation is not mentioned in the pport for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
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1	All average at fourther proceed	T	planning of the work	
L	All support for the present manuscript (e.g., funding,	None		
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	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past 3	36 months	
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	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	<u>√</u> None		
4	Consulting fees	None		

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ <u>√</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	<u>√</u> None	
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none			

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

Date:_Feb 8th2022_

Your Name: Feihu Zhou

	anuscript Title:		tional heatstroke-related acute kidney injury	
Ma	anuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content of necessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
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		Name all entities with	Specifications/Comments	
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		relationship or indicate	institution)	
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1	All support for the present	_√_None		
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2	Grants or contracts from	Time frame: past 3	36 months	
2	any entity (if not indicated	None		
	in item #1 above).			
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5	Royalties or licenses	None		
4	Consulting fees	√ None		
7	Consulting rees	<u>v</u> Notic		

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6	Payment for expert	_ <u>√</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	<u>√</u> None	
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none			

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