

ICMJE DISCLOSURE FORM

Date: 12/11/2022

Your Name: Tomas Gonzalez

Manuscript Title: Multimodality Imaging Evaluation of Arteriovenous Fistulas and Grafts

Manuscript number (if known): CDT-22-439

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

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

The author Tomas Gonzalez has no relevant conflict of interest.

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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: 12/31/2022

Your Name: Candice Bookwalter

Manuscript Title: Multimodality Imaging Evaluation of Arteriovenous Fistulas and Grafts

Manuscript number (if known): CDT-22-439

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

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

The author Thomas Foley has no conflict of interest

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

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Date: 12/31/2022

Your Name: Thomas Foley

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ICMJE DISCLOSURE FORM

Date: 12/31/2022

Your Name: Prabhakar Rajiah

Manuscript Title: Multimodality Imaging Evaluation of Arteriovenous Fistulas and Grafts

Manuscript number (if known): CDT-22-439

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Time frame: past 36 months			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
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