| Dat | te:12/28/21 | | |
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| Υοι | ur Name:Xin Li | | |
| Ma | nuscript Title: Endova | scular creation of hemod | lialysis arteriovenous fistulae: The current status and future |
| per | spective - a literature revi nuscript number (if known) | ew | |
| Ma | nuscript number (if known) | : CDT-21-600 | |
| rela par to t rela The ma The to t me | ated to the content of your ties whose interests may be transparency and does not entionship/activity/interest, of following questions apply nuscript only. The author's relationships/activity entions apply the epidemiology of hypertodication, even if that medication, | manuscript. "Related" me e affected by the content of necessarily indicate a bias, it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare cation is not mentioned in | ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |
| | | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | needed) Time frame: Since the initia | I planning of the work |
| 1 | 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. | _xNone | |
| | | Time frame: past | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _xNone | |
| 3 | Royalties or licenses | _xNone | |
| 4 | Consulting fees | _xNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _xNone |
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| 6 | Payment for expert testimony | _xNone |
| 7 | Support for attending meetings and/or travel | _xNone |
| 8 | Patents planned, issued or pending | _xNone |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _xNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _xNone |
| 11 | Stock or stock options | _xNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _xNone |
| 13 | Other financial or non- financial interests | _xNone |
| | Please summarize th | e above conflict of interest in the following box: |

| None to disclose. | | |
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| Date:_ | 12/28/21 | | |
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| Your N | Name:Shilpa Redo | ly | |
| | | | ialysis arteriovenous fistulae: The current status and future |
| perspe | ective - a literature revi | ew | |
| Manus | script number (if known) | :CDT-21-600 | |
| related parties to tran | d to the content of your s whose interests may be nsparency and does not i | manuscript. "Related" mea e affected by the content o | relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. If you are in doubt about whether to list a so. |
| | ollowing questions apply script only. | to the author's relationshi | ps/activities/interests as they relate to the <u>current</u> |
| to the medic In iten | epidemiology of hyperto ation, even if that medic | ension, you should declare ation is not mentioned in toport for the work reporte | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the 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 |
| | | relationship or indicate none (add rows as needed) | institution) |
| | | Time frame: Since the initial | planning of the work |
| ma pro me pro | support for the present anuscript (e.g., funding, ovision of study materials, edical writing, article ocessing charges, etc.) time limit for this item. | _xNone | |
| | | Time frame: past | 36 months |
| an | ants or contracts from y entity (if not indicated item #1 above). | _xNone | |
| | yalties or licenses | _xNone | |
| l Co | nsulting fees | _xNone | |

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| None to disclose. | | | |
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| Ma | nuscript Title: Endova | scular creation of hemod | lialysis arteriovenous fistulae: The current status and | future |
| pe | rspective - a literature revi | ew | | |
| Ma | nuscript number (if known) | : CDT-21-600 | | |
| In rel pa to rel Th ma | the interest of transparency ated to the content of your rties whose interests may be transparency and does not rationship/activity/interest, e following questions apply muscript only. e author's relationships/activite epidemiology of hypertedication, even if that medicated the event in the epidemiology of the epidemiology | we ask you to disclose all manuscript. "Related" me affected by the content enecessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare ation is not mentioned in apport for the work reported. | I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertact all relationships with manufacturers of antihypertensity | iins ve |
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| 2 | Grants or contracts from | x None | | |
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| | any entity (if not indicated | | | |
| 3 | | x None | | |

Consulting fees

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_None

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _xNone |
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| 6 | Payment for expert testimony | _xNone |
| 7 | Support for attending meetings and/or travel | _xNone |
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| 11 | Stock or stock options | _xNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _xNone |
| 13 | Other financial or non- financial interests | _xNone |
| | Please summarize th | above conflict of interest in the following box: |

| None to disclose. | | | |
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| Da | te:12/28/21 | | | |
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| | ur Name:Ansar Vanc | | | |
| Ma | nuscript Title: Endova | ascular creation of hemod | dialysis arteriovenous fistulae: The current status and | d future |
| | rspective - a literature revi | | | |
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| rel pa to rel The ma The to me | ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication, even if that medication. | manuscript. "Related" me affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare cation is not mentioned in pport for the work reported. | ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pert e all relationships with manufacturers of antihypertens | ains sive |
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| | | Name all entities with | Specifications/Comments | |
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| | | relationship or indicate | institution) | |
| | | none (add rows as | | |
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| | | Time frame: Since the initia | al planning of the work | |
| 1 | All support for the present | _xNone | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
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| 2 | Grants or contracts from | x None | | |
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| | in item #1 above). | | | |
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Consulting fees

_None

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _xNone |
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| None to disclose. | | | |
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