

ICMJE DISCLOSURE FORM

Date: April 19, 2022
 Your Name: Ammar Saati
 Manuscript Title: The role of hemodialysis access duplex ultrasound for evaluation of patency and access surveillance
 Manuscript number (if known): CDT-22-129

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			
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	ACP Annual Meeting April 2022	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

The author attends ACP Annual Meeting April 2022.

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

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: April 20, 2022

Your Name: Debra R Puffenberger

Manuscript Title: The role of hemodialysis access duplex ultrasound for evaluation of patency and access surveillance

Manuscript number (if known): CDT-22-129

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

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

The author attends the ACP (America College of Physicians) assisting with POCUS (point of care ultrasound) sessions. ACP covers expenses and small honorarium.

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

X 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: 4-20-2022

Your Name: Lee Kirksey

Manuscript Title: The role of hemodialysis access duplex ultrasound for evaluation of patency and access surveillance

Manuscript number (if known): CDT-22-129

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	COOK Medical	
		Gore Medical	
		3M Boston Scientific	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gore Medical	
		3M Boston Scientific	
6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

The author is a consultant to COOK Medical, Gore Medical and 3M Boston Scientific and received payment from Gore Medical and 3M Boston Scientific.

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

X 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: 4/20/2022
 Your Name: Natalia Fendrikova Mahlay
 Manuscript Title: The Role of hemodialysis access ultrasound for evaluation of patency and access surveillance
 Manuscript number (if known): CDT-22-129

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