Date:	<u>: 2022-04-11</u>
Your	Name: Yue Xu
Manu	uscript Title: Identification of a Novel Peripheral Blood Signature Diagnosing Subclinical Acute Rejection
<u>After</u>	Renal Transplantation
Manı	uscript number (if known): TALL-22-266

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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	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,	XNone		
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Command for added disc	V None		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
9	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
4.4	group, paid or unpaid	V N		
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
13	services Other financial or non-	X None		
15	financial interests	^_None		
	manda meerests			
Ple	Please summarize the above conflict of interest in the following box:			
	None.			

Date	2022-04-11
Your	Name: Hao Zhang
Manı	uscript Title: Identification of a Novel Peripheral Blood Signature Diagnosing Subclinical Acute Rejection
After	Renal Transplantation
Manı	uscript number (if known): TAU-22-266

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	All Coll	Time frame: Since the initial	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.) No time limit for this item.		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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PIE	ease summarize the above o	onflict of interest in the fo	bilowing box:
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Date: 2022	2-04-11		
Your Name:	Di Zhang		
Manuscript	Title: Identification of a Novel Peripheral Blood Signature Diagnosing Subclinical Acute Rejection		
After Renal Transplantation			
Manuscrint	number (if known): TALL-22-266		

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	medical writing, article processing charges, etc.)		
	No time limit for this item.		
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		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNOTIC	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	None.		
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Date:	2022-04-11		
Your	Name: Yuxuan Wang		
Manu	script Title: <u>Identification of</u>	a Novel Peripheral Blood Signature Diagnosing Subclinical Acute Rejection	
After Renal Transplantation			
Mani	script number (if known):	TAIL-22-266	

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		Time frame: past	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	
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	
	ease summarize the above co	onflict of interest in the fol	lowing box:

Date: 2022-04-11	
Your Name: Yicun Wang	-
Manuscript Title: Identification of	f a Novel Peripheral Blood Signature Diagnosing Subclinical Acute Rejection
After Renal Transplantation	
Manuscript number (if known):	ΤΔΙΙ-22-266

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	NONE	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	NOTIC	
Ple	Please summarize the above conflict of interest in the following box:		
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	None.		

Date: 2022-04-11	
Your Name: <u>Wei Wang</u>	
Manuscript Title: Identification of	f a Novel Peripheral Blood Signature Diagnosing Subclinical Acute Rejection
After Renal Transplantation	
Manuscrint number (if known)	TA11-22-266

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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	X None		
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9	Participation on a Data	X None		
,	Safety Monitoring Board or	XNone		
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10	Leadership or fiduciary role	X None		
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11	Stock or stock options	X None		
	Stock of Stock options			
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:	
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	None.			
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Date: 2022-04-11			
Your Name: Xiaopeng Hu			
Manuscript Title: Identification of a Novel Peripheral Blood Signature Diagnosing Subclinical Acute Rejection			
After Renal Transplantation			
Manuscript number (if known):	TAU-22-266		

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
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9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None.			