

## ICMJE DISCLOSURE FORM

Date: 2022.9.14

Your Name: Yan Liu

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known):

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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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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

The authors declare no conflict of interest

**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: 2022/9/20

Your Name: Qi Wang

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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NONE.
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## ICMJE DISCLOSURE FORM

Date: 2022.9.25

Your Name: Xin Xie

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: 2022/9/25

Your Name: Rui Gao

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/26

Your Name: Aimin Yang

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/25

Your Name: Yiqian Liang

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/26

Your Name: Xi Jia

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/20

Your Name: Xinru Li

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/25

Your Name: LuluYang

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/24

Your Name: Jing Zhang

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/23

Your Name: Hongmei Qiao

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/26

Your Name: Jianjun Xue

Manuscript Title: Establishment of a formula for the estimation of kidney depth in adults and its effect on GFR assessment

Manuscript number (if known): \_\_\_\_\_

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

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

NONE.

**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.**