

## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Shuai Huang

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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.

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

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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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: May/16/2023

Your Name: Xinze Xia

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Wenhui Lai

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Xiaowei Hao

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Yangyang Wu

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Kaikai Lv

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Zhenjun Luo

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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## ICMJE DISCLOSURE FORM

Date: May/8/2023

Your Name: Elen Almeida Romão

Manuscript Title: Effects of Recipient Education Disparity on Living Donor Kidney Transplant Outcomes across different ethnic groups: A Retrospective Study in the United States

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: May/12/2023

Your Name: Gaetano Ciancio

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Chao Lv

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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## ICMJE DISCLOSURE FORM

Date: May/16/2023

Your Name: Qingyang Meng

Manuscript Title: Effects of Recipient Education Disparity on Living Donor Kidney Transplant Outcomes across different ethnic groups: A Retrospective Study in the United States

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

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<b>Time frame: Since the initial planning of the work</b>			
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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: May/16/2023

Your Name: Tao Yu

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None

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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: May/16/2023

Your Name: Qing Yuan

Manuscript Title: Effects of recipient education disparity on living donor kidney transplant outcomes across different ethnic groups: a retrospective study in the United States

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

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Qing Yuan serves as an unpaid editorial board member (Emerging Editor) of HEALTH CARE SCIENCE from 2022 to 2024.

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