

ICMJE DISCLOSURE FORM

Date: Oct. 29th, 2021

Your Name: Yin Celeste Cheuk

Manuscript Title: Bioinformatics analysis of pathways of renal infiltrating macrophages in different renal disease models

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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Date: Oct 29th, 2021

Your Name: Pingbao Zhang

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Date: Oct 29th, 2021

Your Name: Shihao Xu

Manuscript Title: Bioinformatics analysis of pathways of renal infiltrating macrophages in different renal disease models

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Date: Oct 29th, 2021

Your Name: Jiyan Wang

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Date: Oct 29th, 2021

Your Name: Tian Chen

Manuscript Title: Bioinformatics analysis of pathways of renal infiltrating macrophages in different renal disease models

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Your Name: Yongxin Mao

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Your Name: Yamei Jiang

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Date: Oct 29th, 2021

Your Name: Yongsheng Luo

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Your Name: Weixi Wang

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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	

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None.

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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: Oct 29th, 2021

Your Name: Ruiming Rong

Manuscript Title: Bioinformatics analysis of pathways of renal infiltrating macrophages in different renal disease models

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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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"/> X <input type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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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:

None.

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.