

ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Sharon Del Vecchio

Manuscript Title: Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney

Manuscript Number (if known): TAU-21-1082-CL

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
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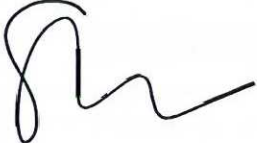
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11	Stock or stock options	<input checked="" type="checkbox"/> None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None 	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None 	

Please 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.

Sharon Del Vecchio

16/2/22



ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Aaron Urquhart

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

Manuscript Number (if known): TAU-21-1082-CL

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A.J.W.

ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Xin Dong

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

Manuscript Number (if known): TAU-21-1082-CL

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X



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Date: 16/2/22

Your Name: Robert Ellis

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

Manuscript Number (if known): TAU-21-1082-CL

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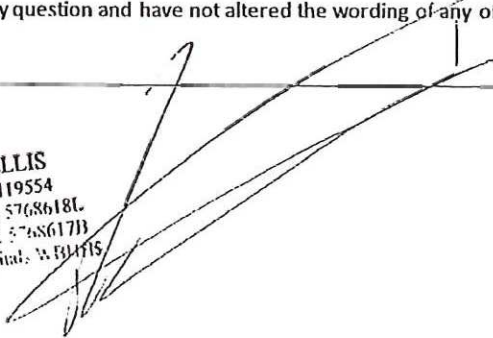
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Dr Robert ELLIS
 Prescriber: 3119554
 Provider No HR: 5768618L
 Provider No CR: 5768617B
 Fraser Coast Hospitals WB04415



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Date: 2/17/2022

Your Name: Keng Lim Ng

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

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[Handwritten signature] Ng

ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Hemamali Samaratunga

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

Manuscript Number (if known): TAU-21-1082-CL

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None [] []	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None [] []	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None [] []	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None [] []	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None [] []	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None [] []	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						

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

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H. Samantunga

ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Sonja Gustafson

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

Manuscript Number (if known): TAU-21-1082-CL

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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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 place an "X" next to the following statement to indicate your agreement:

Samy

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

Signed: *Sonja Gustafson*
 Dr. SONJA GUSTAFSON

ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Graham Galloway

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

Manuscript Number (if known): TAU-21-1082-CL

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="395 389 1465 517"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="395 600 1465 696"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="395 920 1465 1016"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="395 1122 1465 1218"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="395 1323 1465 1420"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="395 1525 1465 1621"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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16/02/2022

ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Glenda Gobe

Manuscript Title: **Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney**

Manuscript Number (if known): TAU-21-1082-CL

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1126 1458 1225"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1328 1458 1426"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1529 1458 1628"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1709 1458 1807"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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Alinda J. G...

ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Simon Wood

Manuscript Title: Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney

Manuscript Number (if known): TAU-21-1082-CL

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ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Carolyn Mountford

Manuscript Title: Two-Dimensional Correlated Spectroscopy Distinguishes Clear Cell Renal Cell Carcinoma from Other Kidney Neoplasms and Non-Cancer Kidney

Manuscript Number (if known): TAU-21-1082-CL

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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 type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">NHMRC Australia Project Grant GNT 1147077</td> <td>Australian Government Research Training Program Scholarship (SDV)</td> </tr> <tr> <td>Tour de Cure Research Grant Australia</td> <td></td> </tr> <tr> <td>Metro South Hospital and Health Service Research Support Scheme (PAH SERTA Grant)</td> <td></td> </tr> </table>	NHMRC Australia Project Grant GNT 1147077	Australian Government Research Training Program Scholarship (SDV)	Tour de Cure Research Grant Australia		Metro South Hospital and Health Service Research Support Scheme (PAH SERTA Grant)		
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;">Advance Research</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Advance Research						
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	Notional Drug Fee Annual Honorarium
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

	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)	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Datchem Pty Ltd	w/a
		Goolwa Pty Ltd	w/a
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 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.