Date:____Mar. 4th, 2023____ Your Name:<u>___Ren Lin</u> Manuscript Title: <u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein</u> <u>diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a</u> <u>single-center cross-sectional study</u> 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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		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) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	

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	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
10	Advisory Board	M. Alexes
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X_None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

None.

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

Date:____Mar. 4th, 2023____ Your Name:__<u>Jiesheng</u> Qian Manuscript Title: <u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein</u> <u>diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a</u> <u>single-center cross-sectional study</u> Manuscript number (if known):_____

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		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	X_None	
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	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
10	Advisory Board	M. Alexes
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X_None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

None.

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

Date:____Mar. 4th, 2023____ Your Name: <u>Haipeng He</u> Manuscript Title: <u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein</u> <u>diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a</u> <u>single-center cross-sectional study</u> Manuscript number (if known):_____

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		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	X_None	
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	X_None
13	Other financial or non- financial interests	XNone

None.

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

Date:____Mar. 4th, 2023____ Your Name:_<u>Yang Zhao</u>__ Manuscript Title:<u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a single-center cross-sectional study Manuscript number (if known):_____</u>

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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		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	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	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
10	Advisory Board	M. Alexes
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X_None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

None.

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

Date:____Mar. 4th, 2023____ Your Name:_<u>Junbing Lv</u> Manuscript Title: <u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein</u> <u>diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a</u> <u>single-center cross-sectional study</u> Manuscript number (if known):_____

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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	X_None	

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	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
10	Advisory Board	M. Alexes
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X_None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

None.

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

Date:____Mar. 4th, 2023____ Your Name:__<u>Jiaxin Peng</u> Manuscript Title: <u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein</u> <u>diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a</u> <u>single-center cross-sectional study</u> 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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		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	X_None
13	Other financial or non- financial interests	XNone

None.

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

Date:____Mar. 4th, 2023____ Your Name:__<u>Yibo Zhang_</u> Manuscript Title:_<u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a single-center cross-sectional study Manuscript number (if known):_____</u>

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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		Time frame: past	36 months
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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
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	X_None
13	Other financial or non- financial interests	XNone

None.

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

Date:____Mar. 4th, 2023____ Your Name:<u>Huining chen</u> Manuscript Title: <u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein</u> <u>diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a</u> <u>single-center cross-sectional study</u> Manuscript number (if known):_____

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
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	X_None
13	Other financial or non- financial interests	XNone

None.

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

Date:____Mar. 4th, 2023____ Your Name: <u>Henghui Yin</u> Manuscript Title: <u>Correlation between preoperative Doppler ultrasonography-assessed specific accessory cephalic vein</u> <u>diameter-cephalic vein diameter ratio(r) and early dysfunction of radial artery-cephalic vein arteriovenous fistula: a</u> <u>single-center cross-sectional study</u> Manuscript number (if known):_____

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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	X_None
13	Other financial or non- financial interests	XNone

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