ICMJE DISCLOSURE FORM

Date:_____June,21,2023_

Your Name: _____Weiming He__ Manuscript Title: Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors Manuscript number (if known):_____ QIMS-23-207 _____

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
	Ti	me frame: Since the initia	l 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	XNone	

	in item #1 above).		
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	XNone	
	meetings and /or travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
10	or Advisory Board	V. Nono	
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services	N. N	
13	Other financial or non-	XNone	
	financial interests		

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.

ICMJE DISCLOSURE FORM

Date: _____June,21,2023______Your Name: _____Yuqiang Wu______Manuscript Title: ___ Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors ______Manuscript number (if known): _____ QIMS-23-207______

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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)	
	Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g.,	XNone		

2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past 36 monthsX_NoneX_None
0		
4	Consulting fees	X_None
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	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
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	XNone
13	O ther financial or non- financial interests	XNone

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.

ICMJE DISCLOSURE FORM

Date:_____June,21,2023__

Your Name:_____Chaoyang Gong__

Manuscript Title: Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors Manuscript number (if known): QIMS-23-207

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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
	Ti	me frame: Since the initia	l 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	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	
0	Datanta plannad issued	V. Nono	
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	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	

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.

None.

ICMJE DISCLOSURE FORM

Date: _____June,21,2023______ Your Name: _____Yuguang Xu______ Manuscript Title: ___ Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors ______ Manuscript number (if known): ______QIMS-23-207 _____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

	T	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)
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.	me frame: Since the initia	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	36 months
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	X_None	
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	XNone
13	O ther financial or non- financial interests	XNone

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.

None.

ICMJE DISCLOSURE FORM

Date:	June, 21, 2023	
Your Name:	Xiaozhen Liu	
Manuscript T donors _	itle: Contrast-enhanced u	Iltrasonography identifies acute kidney injury in brain-dead
Manuscriptn	umber (if known):	_ QIMS-23-207

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.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
1	All support for the	me frame: Since the initialXNone	planning of the work
1	present manuscript (e.g.,		
	funding, provision of study materials, medical		
	writing, article processing		
	charges, etc.) No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
	5		
4	Consulting fees	X None	
4	consulting lees		
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	Counterry		
7	Support for attending	XNone	

	meetings and /or travel		
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	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	O ther financial or non- financial interests	XNone	

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.

ICMJE DISCLOSURE FORM

Date:June,2	21,2023				
Your Name:	Xi Xie				
Manuscript Title: donors _	Contrast-enhanced ult	trasonography	identifies acute kidne	ey injury in brain-dea	١d
Manuscriptnumber	(if known):	QIMS-23-207 _			

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 <u>current</u>

<u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
		me frame: Since the initia	planning of the work
1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing charges, etc.)		
	No time limit for this		
	item.		
		Time from expect	24 months
2	Crante or contracte from	Time frame: past	36 11011015
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
	Royanies of neerises		
4	Consulting fees	X None	
5	Payment or honoraria for	XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	XNone
7	Support for attending meetings and /or travel	X_None
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	XNone
13	O ther financial or non- financial interests	XNone

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.

ICMJE DISCLOSURE FORM

Date:_____ June,21,2023___

Your Name:_____Jiazhen Chen_

Manuscript Title: Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors _

Manuscript number (if known): ______ QIMS-23-207 _____

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

<u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	

	any entity (if not indicated in item #1 above).		
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	X_None	
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	XNone	
13	O ther financial or non- financial interests	XNone	

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.

ICMJE DISCLOSURE FORM

Date: _____ June,21,2023______ Your Name: _____Yi Yu_____ Manuscript Title: ___ Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors ______ Manuscript number (if known): ______ QIMS-23-207 _____

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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
	Ti	me frame: Since the initia	planning of the work
1	All support for the	XNone	

	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	
		Time frame: past 36 months
2	Grants or contracts from	XNone
	any entity (if not indicated	
2	in item #1 above).	V. News
3	Royalties or licenses	XNone
4	Consulting fees	XNone
'		
5	Payment or honoraria for	X_None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
6	educational events	X None
6	Payment for expert testimony	
7	Support for attending meetings and /or travel	XNone
8	Patents planned, issued	XNone
	or pending	
9	Derticipation on a Data	V. Nono
9	Participation on a Data Safety Monitoring Board	XNone
	or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	XNone
	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:

 $_X_$ 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:_____June,21,2023___

Your Name: Zhiyong Guo Manuscript Title: Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors Manuscript number (if known): QIMS-23-207

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

<u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
		me frame: Since the initia	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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	: 36 months
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	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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.

None.

ICMJE DISCLOSURE FORM

Date: _____ June, 21, 2023______ Your Name: _____ Qiang Sun_____ Manuscript Title: ___ Contrast-enhanced ultrasonography identifies acute kidney injury in brain-dead donors _ Manuscript number (if known): _____ QIMS-23-207 _____

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.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
		me frame: Since the initia	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).	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	X None	
/	meetings and /or travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	

	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	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:

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

form.