#### ICMJE DISCLOSURE FORM

Date: October 26th, 2023 Your Name: Nan Xu

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

glomerulosclerosis rate in transplanted kidneys
Manuscript number (if known): QIMS-23-1514

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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

4 Consulting fees  None  None  None  Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  None	
Fayment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Fayment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
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manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
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or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  None  None	
or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  None  None	
or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  None  None	
9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
role in other board, society, committee or advocacy group, paid or unpaid	
advocacy group, paid or unpaid	
unpaid	
11 Stock or stock optionsNone	
12 Receipt of equipment,None	
materials, drugs, medical	
writing, gifts or other services	
13 Other financial or non- None	
financial interests	

None.

Ple	Please place an "X" next to the following statement to indicate your agreement:							
qu	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							
Yo Ma glo	Date: <u>October 26<sup>th</sup>, 2023</u> Your Name: <u>Dandan Wang</u> Manuscript Title: <u>Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the</u> glomerulosclerosis rate in transplanted kidneys Manuscript number (if known): <u>QIMS-23-1514</u>							
	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below							
	at are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd							
-	rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment							
to	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.							
<u>cu</u>	e following questions apply to the author's relationships/activities/interests as they relate to the <a href="mailto:rrent">rrent</a> <a href="mailto:anuscript only">anuscript only</a> .							
	e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript rtains							
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, 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)							
	Time frame: Since the initial planning of the work							

All support for the present manuscript (e.g., funding, provision of study materials, medical

None

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

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: October 26th, 2023 Your Name: Yi Hong

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

glomerulosclerosis rate in transplanted kidneys
Manuscript number (if known): QIMS-23-1514

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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	Specifications/Comments (e.g., if payments were made to you or to your
	relationship or indicate	

		none (add rows as needed)	
	Ti	me frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g.,	None	
	funding, provision of		
	study materials, medical writing, article processing		
	charges, etc.)		
	No time limit for this item.		
	item.	<b>T</b> : (	.00
2	Grants or contracts from	Time frame: past None	36 months
	any entity (if not indicated		
3	in item #1 above). Royalties or licenses	None	
	Troyunics of noonees	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Cupport for attending	None	
1	Support for attending meetings and/or travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		

	services		
13	Other financial or non-	None	
	financial interests		

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: October 26th, 2023 Your Name: Pengfei Huang

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

glomerulosclerosis rate in transplanted kidneys
Manuscript number (if known): QIMS-23-1514

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or	None	

	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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: October 26th, 2023 Your Name: Qianjin Xu

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

glomerulosclerosis rate in transplanted kidneys Manuscript number (if known): QIMS-23-1514

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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned issued	None	

	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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: October 26<sup>th</sup>, 2023 Your Name: Hui Sun

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

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Manuscript number (if known): QIMS-23-1514

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		me frame: Since the initia	l planning of the work
1	All support for the	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting food	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N	
6	Payment for expert	None	
	testimony		

7	Support for attending meetings and/or travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
9	Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or advocacy group, paid or		
11	unpaid Stock or stock options	None	
	Crock or Grook options		
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the abo	ve conflict of interest in	n the following box:
Г	None.		
	None.		
Ple	ease place an "X" next to	o the following stateme	nt to indicate your agreement:
	La caté de 100		and become a alternative and the second state of the second state
qu	estions on this	swerea every question	and have not altered the wording of any of the
	form.		LIE DIOOLOGUDE FOR
		ICM	IJE DISCLOSURE FORM

Date: October 26th, 2023 Your Name: <u>Liping Cai</u> Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the glomerulosclerosis rate in transplanted kidneys

Manuscript number (if known): QIMS-23-1514

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	J		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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None.		

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

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

## ICMJE DISCLOSURE FORM

Date: October 26th, 2023 Your Name: Jing Yin

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

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Manuscript number (if known): QIMS-23-1514

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	Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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: <u>February 7<sup>th</sup>,2024</u> Your Name: <u>Lijuan Zhang</u>

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

glomerulosclerosis rate in transplanted kidneys
Manuscript number (if known): QIMS-23-1514

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		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	None		

	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	None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Canadian face	Name	
4	Consulting fees	None	
5	Payment or honoraria for	None	
5	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Detents planned issued	None	
0	Patents planned, issued or pending	None	
	or pending		
9	Participation on a Data	None	
9	Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
. •	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	NOTIE	
	mianolal intorests		

None.			

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

Please summarize the above conflict of interest in the following box:

 $\underline{X}$  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: October 26th, 2023 Your Name: Bin Yang

Manuscript Title: Nomogram based on contrast-enhanced ultrasound (CEUS) for evaluating the

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		none (add rows as needed)	
	Ti	me frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
	No time limit for this item.		
		Time frame: past	: 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non- financial interests	None				
Ple	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						
qu	questions on this form.					