ICMJE DISCLOSURE FORM

Date: <u>6/12/2022</u>
Your Name: Fulei Gao
Manuscript Title: Spontaneous Renal Artery Dissection Complicated by Renal Infarction: description of
<u>Two Cases</u>
Manuscript number (if known): QIMS-22-342

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

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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

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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.	X None	
		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	O a sea Hilliana Conse	V	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,	<u>K</u> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	None	
	,		
7	Support for attending meetings and for travel	X None	
	g The state of the		
8	Patents planned, issued	X None	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board	None	
10	role in other board,	X None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
10	Services Other financial armon	V N	
13	Other financial or non- financial interests	X None	
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None	e			

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.

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Date: <u>6/12/2022</u>
Your Name: <u>Zejun Chen</u>
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Manuscript number (if known):QIMS-22-342</u>

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1	All support for the present manuscript (e.g., funding, provision of	X_None	

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

lease summarize the above conflict of interest in the following box:
None
lease place an "X" next to the following statement to indicate your agreement:
\underline{X} I certify that I have answered every question and have not altered the wording of any of the uestions on this
form.
ICMJE DISCLOSURE FORM
ate: <u>6/12/2022</u>
our Name: <u>Feng Gao</u>
lanuscript Title: <u>Spontaneous Renal Artery Dissection Complicated by Renal Infarction: description o</u>
<u>wo Cases</u> lanuscript number (if known): <u>QIMS-22-342</u>
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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7	Support for attending meetings and/or travel	X None	
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9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	<u> </u>	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13		X_None	

None			

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Date: <u>6/12/2022</u>

Your Name: Dongging

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	Trojuruos er meerises	<u>A</u> None	
4	Consulting fees	X None	
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	0 16		
7	Support for attending meetings and for travel	X_None	
	· ·		
8	Patents planned, issued	X None	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board		

	or Advisory Board		
10	Leadership or fiduciary	X None	
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	society, committee or		
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	unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing gifts or other		
	writing, gifts or other		
	services		
13	services Other financial or non-	X None	
13	services	X_None	
13	services Other financial or non-	X None	

None			

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ate: <u>6/12/2022</u>	
our Name: Xiangzhong Huang	
Manuscript Title: Spontaneous Renal Artery Dissection Complicated by Renal Infarction: descripti	on of
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	item.		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	0 111 6		
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
J	lectures, presentations, speakers bureaus,	<u>A</u> None	
	manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	

7	Support for attending meetings and for travel	X_None	
8	Patents planned, issued	X None	
	or pending		
0	Darticination on a Data	V N	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board,	X_ None	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
	services		
13	Other financial or non-	X None	
	financial interests		

None			

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