

ICMJE DISCLOSURE FORM

Date: _____ October, 18, 2021 _____
 Your Name: _____ Minhui Li _____
 Manuscript Title: _____ Risk factors of renal trauma in children with severe Henoch-Schonlein purpura and effect of mycophenolate mofetil on pediatric renal function _____
 Manuscript number (if known): _____

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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

<p>The authors have no conflicts of interest to declare</p>

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: _____ October, 18, 2021 _____
 Your Name: _____ Binbin Guo _____
 Manuscript Title: _____ Risk factors of renal trauma in children with severe Henoch-Schonlein purpura and effect of mycophenolate mofetil on pediatric renal function _____
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Date: _____ October, 18, 2021 _____
 Your Name: _____ Xue Wang _____
 Manuscript Title: _____ Risk factors of renal trauma in children with severe Henoch-Schonlein purpura and effect of mycophenolate mofetil on pediatric renal function _____
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Date: _____ October, 18, 2021 _____
 Your Name: _____ Yingying Zhang _____
 Manuscript Title: _____ Risk factors of renal trauma in children with severe Henoch-Schonlein purpura and effect of mycophenolate mofetil on pediatric renal function _____
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