

## ICMJE DISCLOSURE FORM

Date: 2021-11-23

Your Name: Liting Bai

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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, 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	This work was supported by National Natural Science Fund (grant number: 81670375) and Innovation Fund for Medical Science (grant number: 2020-I2M-C&T-B-063).
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ <input checked="" type="checkbox"/> ___ None	
3	Royalties or licenses	___ <input checked="" type="checkbox"/> ___ None	
4	Consulting fees	___ <input checked="" type="checkbox"/> ___ None	

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

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

Liting Bai confirms that this work was supported by National Natural Science Fund (grant number: 81670375) and Innovation Fund for Medical Science (grant number: 2020-I2M-C&T-B-063). The author has no other conflicts of interest to declare.

**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: 2021-11-23

Your Name: Yu Jin

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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

Yu Jin confirms that this work was supported by National Natural Science Fund (grant number: 81670375) and Innovation Fund for Medical Science (grant number: 2020-I2M-C&T-B-063). The author has no other conflicts of interest to declare.

**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: 2021-11-23

Your Name: Peiyao Zhang

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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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## ICMJE DISCLOSURE FORM

Date: 2021-11-23  
 Your Name: Yixuan Li  
 Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study  
 Manuscript number (if known): TP-21-474-CL

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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**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: 2021-11-23

Your Name: Peng Gao

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**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: 2021-11-23

Your Name: Wenting Wang

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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## ICMJE DISCLOSURE FORM

Date: 2021-11-23

Your Name: Xu Wang

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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## ICMJE DISCLOSURE FORM

Date: 2021-11-23

Your Name: Zhengyi Feng

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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## ICMJE DISCLOSURE FORM

Date: 2021-11-23  
 Your Name: Ju Zhao  
 Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study  
 Manuscript number (if known): TP-21-474-CL

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Ju Zhao confirms that this work was supported by National Natural Science Fund (grant number: 81670375) and Innovation Fund for Medical Science (grant number: 2020-I2M-C&T-B-063). The author has no other conflicts of interest to declare.

**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: 2021-11-23

Your Name: Jinping Liu

Manuscript Title: Risk factors and outcomes associated with acute kidney injury following extracardiac total cavopulmonary connection: a retrospective observational study

Manuscript number (if known): TP-21-474-CL

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
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Jinping Liu confirms that this work was supported by National Natural Science Fund (grant number: 81670375) and Innovation Fund for Medical Science (grant number: 2020-I2M-C&T-B-063). The author has no other conflicts of interest to declare.

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**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.