Da	te:2022/10/31_					
Yo	ur Name:Hui Chen					
	Manuscript Title:Knowledge of vascular access among hemodialysis unit nurses and its influencing factors_ Manuscript number (if known):APM-22-1204					
rel par to	ated to the content of your ries whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.			
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current			
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.			
	tem #1 below, report all su time frame for disclosure is		ed 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 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	t 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				

Consulting fees

None

4

5	Payment or honoraria for 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	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		
12	Services	Nene	
13	Other financial or non- financial interests	None	
	illialiciai liiterests		

All authors have completed the ICMJE uniform disclosure form. The authors ha to declare.	ve no conflicts of interest
to deciale.	

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

Da	te:2022/10/31_					
	Manuscript Title:Knowledge of vascular access among hemodialysis unit nurses and its influencing factors_ Manuscript number (if known):APM-22-1204					
rel to rel The ma	ated to the content of your rties whose interests may be transparency and does not reationship/activity/interest, ationship/activity/interest, ationships questions apply inuscript only. The author's relationships/activity epidemiology of hyperteredication, even if that medication,	manuscript. "Related" means affected by the content of the content of the cessarily indicate a bias. It is preferable that you do not to the author's relationship in the cession, you should declare that it is not mentioned in the coport for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		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	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.) 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,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		
12	Services	Nene	
13	Other financial or non- financial interests	None	
	illialiciai liiterests		

All authors have completed the ICMJE uniform disclosure form. The authors ha to declare.	ve no conflicts of interest
to deciale.	

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

			-
Ma		of vascular access among	hemodialysis unit nurses and its influencing factors
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	•	d 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 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.	None	
		- : .	26 1
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for 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	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		
12	Services	Nene	
13	Other financial or non- financial interests	None	
	illialiciai liiterests		

All authors have completed the ICMJE uniform disclosure form. The authors ha to declare.	ve no conflicts of interest
to deciale.	

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

Da	te:2022/10/31_					
Yo	ur Name:Mei Shi					
	Manuscript Title:Knowledge of vascular access among hemodialysis unit nurses and its influencing factors_ Manuscript number (if known):APM-22-1204					
In rel pa to rel Th ma	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medicated the transparency of the edication of the transparency of the edication of the transparency of the edication, even if that medication, even if the transparency at the edication, even if the endocated transparency of the edication of the edica	we ask you to disclose all manuscript. "Related" mea affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare ation is not mentioned in the poort for the work reporte	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
	• •	•	Specifications/Comments (e.g., if payments were made to you or to your			
		relationship or indicate none (add rows as	institution)			
		needed) Time frame: Since the initial	Inlanning of the work			
1	All support for the present	None	planning of the work			
1	manuscript (e.g., funding,	None				
	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 fees	None				

5	Payment or honoraria for 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	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		
12	Services	Nene	
13	Other financial or non- financial interests	None	
	illialiciai liiterests		

All authors have completed the ICMJE uniform disclosure form. The authors ha to declare.	ve no conflicts of interest
to deciale.	

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

Ma		of vascular access among	hemodialysis unit nurses and its influencing factors
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d 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)
		Time 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	
2	Crants or contracts from	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,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		
42	services	Al	
13	Other financial or non-	None	
	financial interests		

all authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest o declare.			
to declare.			

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