Date: November 6, 2023 Your Name: Sara N Davison

Manuscript Title: Pain Management and the Use of Opioids in Adults with Kidney Failure Receiving

**Conservative Kidney Management** 

Manuscript number (if known): APM-23-407

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	item.		
		Time frame: past	36 months
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	in item #1 above).	
3	Royalties or licenses	_ <b>X</b> None
4	Consulting fees	_ <b>X</b> None
5	Payment or honoraria for	_XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
	testimony	None
	,	
7	Support for attending	X None
	meetings and/or travel	
8	Patents planned, issued	_XNone
	or pending	
9	Participation on a Data	_ <b>X</b> None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	_XNone
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	X None
	·	
12	Receipt of equipment,	_XNone
	materials, drugs, medical	
	writing, gifts or other	
4.0	services	
13	Other financial or non-	_ <b>X</b> None
	financial interests	
DΙ	ase summarize the sho	ve conflict of interest in the following box:
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P	Please summarize the above conflict of interest in the following box:				

e 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.		

Date:	7-11-2023
Your Nam	e:_A/Prof Nicola Wearne
Manuscrip	ot Title: Title: Pain Management and the Use of Opioids in Adults with Kidney Failure
Receiving	g Conservative Kidney Management
Manuscrip	ot number (if known): APM-23-407

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		Time frame: p	past 36 months

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3	Royalties or licenses	_XNone
4	Consulting fees	_XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
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13	Other financial or non- financial interests	_XNone

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I have no conflicts of	f interest related to t	his paper		

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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.			

Da	nte: 7 <sup>th</sup> November 2023			
Yo	our Name:	_ Peace		
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Ma	anuscript Title: Pain Man	agement and the Use o	f Opioids in Adults with Kidney Failure Receivi	ng
Co	onservative Kidney Mana	igement.		
	nuscript Title: Pain Management and the Use of Opioids in Adults with Kidney Failure Receiving servative Kidney Management.  nuscript number (if known):  APM-23-  The interest of transparency, we ask you to disclose all relationships/activities/interests listed below are ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit or interests may be affected by the content of the manuscript. Disclosure represents a simitment arise whose interests may be affected by the content of the manuscript. Disclosure represents a simitment arise sparency and does not necessarily indicate a bias. If you are in doubt about whether to list a trionship/activity/interest, it is preferable that you do so.  following questions apply to the author's relationships/activities/interests as they relate to the tent auscript only.  author's relationships/activities/interests should be defined broadly. For example, if your manuscript ains he epidemiology of hypertension, you should declare all relationships with manufacturers of hypertensive medication, even if that medication is not mentioned in the manuscript.  em #1 below, report all support for the work reported in this manuscript without time limit. For all per items, time frame for disclosure is the past 36 months.			
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rel thi		our manuscript. "Relate	d" means any relation with for-profit or not-for	-profit
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the	e time frame for disclosu	ire is the past 36 month	S.	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
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		none (add rows as		
		needed)	Internation of the work	
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present manuscript (e.g., funding, provision of study materials, medical writing, article processing

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4	Consulting fees	_XNone
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6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone

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No COI			

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.

Date: 7 November 2023

**Dr Rene Krause** 

Title: Pain Management and the Use of Opioids in Adults with Kidney Failure Receiving

Conservative Kidney Management

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	funding, provision of	(APCA)	
	study materials, medical	Palliative Care	
	writing, article processing	Practitioners	

	charges, etc.) No time limit for this item.	Association Of South Africa. (PalPrac)	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Discovery Fellowship Grant NIHR Grant (GHaP)	Not linked to this article
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>X</b> None	
6	Payment for expert testimony	_ <b>X</b> None	
7	Support for attending meetings and/or travel	GHaP	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	APCA PalPrac	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_XNone	
10	services	Y N	
13	Other financial or non-	X None	

financial interests	

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

I am employed by the University of Cape Town. I work clinically in Groote Schuur Hospital. I serve on the board of APCA and PalPrac. I am part of the GHaP consortium and I have received a Discovery grant.	

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

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