

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) MIAO	2. Surname (Last Name) HUI	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name LI YUE HONG
5. Manuscript Title OSAHS comorbid with diabetes rather than OSAHS alone serves an independent risk factor for CKD		
6. Manuscript Identifying Number (if you know it) APM-19-350		

### Section 2. The Work Under Consideration for Publication

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Dr. HUI has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Yuehong

2. Surname (Last Name)  
LI

3. Date  
18-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
OSAHS comorbid with diabetes rather than OSAHS alone serves an independent risk factor for CKD

6. Manuscript Identifying Number (if you know it)  
APM-19-350

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There are no conflict.

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JINGYING

2. Surname (Last Name)

YE

3. Date

18-March-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

OSAHS comorbid with diabetes rather than OSAHS alone serves an independent risk factor for CKD

6. Manuscript Identifying Number (if you know it)

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Zhen

2. Surname (Last Name)

Zhuang

3. Date

19-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Li YueHong

5. Manuscript Title

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wei

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wang

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Li Yuehong

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