Date: 2021-03-19

Your Name: Peng Wang

Manuscript Title: Endovascular treatment of hemodialysis-induced lower limb artery ischemia: retrospective analysis

from a single center

Manuscript number (if known):

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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		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)
1	All conservation the conservation	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, 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	None
	lectures, presentations,	
	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	
	services	
13	Other financial or non-	None
	financial interests	

The	The author has no conflicts of interest to declare.						

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

Date: 2021-03-19 Your Name: Fei Yang

Manuscript Title: Endovascular treatment of hemodialysis-induced lower limb artery ischemia: retrospective analysis

from a single center

Manuscript number (if known):

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3	Royalties or licenses	None	
	C III C		
4	Consulting rees	None	
3	in item #1 above). Royalties or licenses Consulting fees	None None	

5	Payment or honoraria for	None
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	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	
	services	
13	Other financial or non-	None
	financial interests	

The	The author has no conflicts of interest to declare.						

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

Date: 2021-03-19 Your Name: Jing Yin

Manuscript Title: Endovascular treatment of hemodialysis-induced lower limb artery ischemia: retrospective analysis

from a single center

Manuscript number (if known):

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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 None	planning of the work
		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	None
	lectures, presentations,	
	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	
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11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

The	The author has no conflicts of interest to declare.						

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

Date: 2021-03-19

Your Name: Huajian Zhu

Manuscript Title: Endovascular treatment of hemodialysis-induced lower limb artery ischemia: retrospective analysis

from a single center

Manuscript number (if known):

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2	Grants or contracts from	None	
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3	Royalties or licenses	None	
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4	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations,	
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	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	
	services	
13	Other financial or non-	None
	financial interests	

The	The author has no conflicts of interest to declare.						

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

Date: 2021-03-19

Your Name: Meng Zhang

Manuscript Title: Endovascular treatment of hemodialysis-induced lower limb artery ischemia: retrospective analysis

from a single center

Manuscript number (if known):

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4	Consulting fees	None	

5	Payment or honoraria for	None
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	manuscript writing or	
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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,	
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12	Receipt of equipment,	None
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	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

The	The author has no conflicts of interest to declare.			

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

Date: 2021-03-19

Your Name: Caixiang Liu

Manuscript Title: Endovascular treatment of hemodialysis-induced lower limb artery ischemia: retrospective analysis

from a single center

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7	Support for attending meetings and/or travel	None
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