Date:	_Apr. 16, 2021
Your Name:	Shao-Jun Ma
<b>Manuscript Titl</b>	e: Mental health status and quality of life in patients with end-stage renal disease undergoing
maintenance h	emodialysis
Manuscript nur	mber (if known): APM-20-2211

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 <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
	pending		
	-		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
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rie	ase summanze the above to	ominici di miterest ili the 101	iowing bux.
	None		
	None.		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Apr. 16, 2021	
Your Name:Wen-Ji Wang_	
Manuscript Title: Mental health sta	itus and quality of life in patients with end-stage renal disease undergoing
maintenance hemodialysis _	
Manuscript number (if known):	APM-20-2211

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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	V None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

_	Decimant on homograpis for	V None	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Datants planned issued or	X None	
0	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	от о		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	None.		

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Date: Apr.16,2021	
Your Name:_Min Tang	
Manuscript Title:	Mental health status and quality of life in patients with end-stage renal disease undergoing
maintenance hemodia	lysis
Manuscript number (if	known): APM-20-2211

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V. Neve	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	ollowing box:

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Date: Apr. 16, 2021	
Your Name:Han Chen	
Manuscript Title: ental health status and quality of life in patients with end-stage renal disease undergoin	ng
maintenance hemodialysis	
Manuscript number (if known): APM-20-2211	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
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	X_None		
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		
Ple	Please summarize the above conflict of interest in the following box:			
	None.			

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Date: Apr.16,2021	
Your Name: Feng Ding	
Manuscript Title: Mental health status and quality of life in patients with end-stage renal disease undergo	oing
maintenance hemodialysis	
Manuscript number (if known): APM-20-2211	

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1	All support for the present	_XNone				
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	provision of study materials,					
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	Time frame: past 36 months					
2	Grants or contracts from	XNone				
	any entity (if not indicated					
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3	Royalties or licenses	_XNone				
4	Consulting fees	XNone				

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	XNone				
	testimony					
7	Support for attending	X None				
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8	Patents planned, issued or	X None				
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	. 5					
9	Participation on a Data	XNone				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid	V N				
11	Stock or stock options	_XNone				
12	Receipt of equipment,	X None				
12	materials, drugs, medical writing, gifts or other	XNone				
	services					
13	Other financial or non- financial interests	XNone				
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	NOTIC.					
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