Date:	Apr.4 <sup>th</sup> ,2021	
Your Name:_	Yu Yang	
Manuscript T	itle: The prevalence of diabetes mellitus with chronic kidney disease in adults and associated factor	rs
n Songjiang I	District, Shanghai	
Manuscript n	umber (if known):APM-21-803	
	t 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	

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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.	National Key Research and Development Program of China (2016YFC1305503) Shanghai Municipal Education Commission- Gaofeng Discipline Development Project for Public Health and Preventive Medicine (No.17)	
2	Grants or contracts from	Time frame: past X None	36 months
_	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<b>X</b> None	

4	Consulting fees	<b>X</b> None	
5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or	<b>X</b> None	
	pending		
0		<b>v</b>	
9	Participation on a Data Safety Monitoring Board or	<b>X</b> None	
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
10			
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		

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

ICMJE DISCLOSURE FORM
Date:Apr.4 <sup>th</sup> ,2021
Your Name: Na Wang
Manuscript Title: The prevalence of diabetes mellitus with chronic kidney disease in adults and associated factors
in Songjiang District, Shanghai
Manuscript number (if known): APM-21-803
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</u> <u>manuscript only</u> .
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
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.	National Key Research and Development Program of China (2016YFC1305503) Shanghai Municipal Education Commission- Gaofeng Discipline Development Project for Public Health and Preventive Medicine (No.17)	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	<b>X</b> None	

4	Consulting fees	<b>X</b> None	
5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or	<b>X</b> None	
	pending		
•	6	<b>v</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
10	Leadership or fiduciary role	<b>X</b> None	
10	in other board, society, committee or advocacy	<b>X</b> None	
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		

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

Yo	ur Name: Yonggen Jia	ng		_
			s with chronic kidney disease in adults and associated	factors
in :	Songjiang District, Shanghai			
Ma	anuscript number (if known)	): APM-21-803		
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 f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply anuscript only.	to the author's relationshi	os/activities/interests as they relate to the current	
to	•	ension, you should declare	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi he manuscript.	
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other it	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	National Key Research and		
	manuscript (e.g., funding,	Development Program of		
	provision of study materials,	China (2016YFC1305503)		
	medical writing, article	Shanghai Municipal		
	processing charges, etc.)	Education Commission-		

		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated	XNone
	in item #1 above).	
3	Royalties or licenses	<b>X</b> None

Gaofeng Discipline Development Project for Public Health and Preventive Medicine

(No.17)

No time limit for this item.

4	Consulting fees	<b>X</b> None	
5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or pending	<b>X</b> None	
9	Participation on a Data	V N	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
40			
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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

Date:	_ Apr.4 <sup>th</sup> ,2021
Your Name:	_ Qi Zhao
Manuscript Title:	The prevalence of diabetes mellitus with chronic kidney disease in adults and associated factors
in Songjiang Dist	rict, Shanghai
Manuscript num	ber (if known): APM-21-803

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	National Key Research and Development Program of China (2016YFC1305503) Shanghai Municipal	
	processing charges, etc.)	Education Commission-	
	No time limit for this item.	Gaofeng Discipline Development Project for Public Health and Preventive Medicine (No.17)	
2	Grants or contracts from	<b>X</b> None	
	any entity (if not indicated	X_NONE	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	<b>X</b> None	
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	

The author reports that they received grant from National Key Research and Development Program of China (2016YFC1305503) and Shanghai Municipal Education Commission-Gaofeng Discipline Development Project for Public Health and Preventive Medicine (No.17).

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Da	ite: Apr.4 <sup>th</sup> ,2021		
			is with chronic kidney disease in adults and associated fa
in	Songjiang District, Shanghai		
M	anuscript number (if known	): APM-21-803	
re pa to re Th	lated to the content of your rties whose interests may b transparency and does not lationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	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.  ps/activities/interests as they relate to the current
to me	the epidemiology of hypert edication, even if that medic	ension, you should declare cation is not mentioned in t	·
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other iten
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	National Key Research and	
	manuscript (e.g., funding,	Development Program of	
	provision of study materials,	China (2016YFC1305503)	
	medical writing, article processing charges, etc.)	Shanghai Municipal Education Commission-	
	No time limit for this item.		
	No time limit for this item.	Gaofeng Discipline Development Project for	
		Public Health and	
		Preventive Medicine	
		(No.17)	
_		Time frame: past	36 months
2	Grants or contracts from	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	

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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

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

Date:	Apr.4 <sup>th</sup> ,2021				
Your Name:	_ Xiaohua Ying				
Manuscript Title:	The prevalence	e of diabetes mellitus	with chronic kidney d	isease in adults and a	associated factors
in Songjiang Distr	ict, Shanghai				
Manuscript numb	oer (if known):	APM-21-803			

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2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	<b>X</b> None	

4	Consulting fees	<b>X</b> None	
5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
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6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
	-		
8	Patents planned, issued or	<b>X</b> None	
	pending		
•	D 11 1 11 D 1		
9	Participation on a Data Safety Monitoring Board or	<b>X</b> None	
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<b>X</b> None	
	financial interests		

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

Date:	Apr.4 <sup>th</sup> ,2021
Your Name:	_Genming Zhao
Manuscript Title:	The prevalence of diabetes mellitus with chronic kidney disease in adults and associated factors
in Songjiang Distr	ict, Shanghai
Manuscript numb	per (if known): APM-21-803

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	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	<b>X</b> None	

4	Consulting fees	<b>X</b> None	
5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or pending	<b>X</b> None	
9	Participation on a Data	V N	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
40			
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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

Date:	Apr.4 <sup>th</sup> ,2021
Your Name:	Chaowei Fu
Manuscript Title:_	The prevalence of diabetes mellitus with chronic kidney disease in adults and associated factors
in Songjiang Distri	ct, Shanghai
Manuscript numb	er (if known): APM-21-803

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

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