Date:	2 April 2021	_
Your Name	: Xing-Xing Liu_	
Manuscrip	t Title: Drug-related Problems Identified by Clinical Pharmacists in Nephrology Departmen	t
	of a Tertiary Hospital in Chinaa Single Center Study	
Manuscrin	t number (if known): APM-21-817	

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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		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		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X_None	
10	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		
12	services Other financial or non-	V None	
13	financial interests	XNone	
	illialiciai liiterests		
	ease summarize the above c		ollowing box:

Date:	_2 April 2021				
Your Name:_	Hui-Xia Wang				
Manuscript 1	Title:_ Drug-related Problems Identified by Clinical Pharmacists in Nephrology Department				
	of a Tertiary Hospital in Chinaa Single Center Study				
Manuscript number (if known): APM-21-817					

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		V None	
ь	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	5. 1 , 1		
8	Patents planned, issued or	X None	
J	pending		
	P		
9	Participation on a Data	X None	
	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	XNone	
12	Descipt of any investor	X None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	I declare that I have no conflict	of interest.	

Date:	2 April 2021
Your Nam	e:Yun-Yun Hu
Manuscrip	ot Title: Drug-related Problems Identified by Clinical Pharmacists in Nephrology Department
	of a Tertiary Hospital in Chinaa Single Center Study
Manuscrir	at number (if known): APM-21-817

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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		
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9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X_None	
10	in other board, society,	X_NOTIE	
	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		
DIA	ease summarize the above c	anflict of interest in the fo	llowing how
PIE	ase summanze the above c	offilict of interest in the fo	nowing box.
Г	I declare that I have no conflict	of interest	
	r deciare that i have no commet	of interest.	

Date:	2 April 2021					
Your Name	:Xu-Ting Zhu					
Manuscript	t Title: <u>Drug-related Pro</u>	blems Identified	by Clinical F	Pharmacists in	Nephrology	<u>Department</u>
	of a Tertiary Hos	pital in Chinaa S	ingle Center	<u>r Study</u>		
Manuscript	number (if known):	APM-21-817				

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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		V None	
ь	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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8	Patents planned, issued or	X None	
J	pending		
	P		
9	Participation on a Data	X None	
	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	XNone	
12	Descipt of any investor	X None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	I declare that I have no conflict	of interest.	

Date:	_2 April 2021				
Your Name:	Xin Tan				
Manuscript Title: Drug-related Problems Identified by Clinical Pharmacists in Nephrology Department					
of a Tertiary Hospital in Chinaa Single Center Study					
Manuscript number (if known): APM-21-817					

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

Payment or honoraria for lectures, presentations,	XNone	
speakers bureaus,		
manuscript writing or		
	XNone	
testimony		
-		
Support for attending meetings and/or travel	XNone	
Patents planned, issued or	XNone	
pending		
	XNone	
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	X_None	
I = = = = = = = = = = = = = = = = = = =		
	V Nana	
Stock or stock options	xNone	
Possint of aguinment	V None	
Other financial or non-	X None	
financial interests		
		llowing box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonXNone

Date:	2 April 2021
Your Nam	e: Yang Yang
Manuscri	ot Title: Drug-related Problems Identified by Clinical Pharmacists in Nephrology Departmen
	of a Tertiary Hospital in Chinaa Single Center Study
Manuscrii	ot number (if known): APM-21-817

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	manuscript (e.g., funding,		
	provision of study materials,		
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	processing charges, etc.)		
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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		V None	
ь	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	5. 1 , 1		
8	Patents planned, issued or	X None	
J	pending		
	P		
9	Participation on a Data	X None	
	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	XNone	
12	Descipt of any investor	X None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
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Date:	2 April 2021				
Your Name	e:Yongfu Hang				
Manuscript	t Title: <u>Drug-related Probl</u>	ems Identified by	y Clinical Pha	armacists in Nephr	ology Department
	of a Tertiary Hospit	al in Chinaa Sing	gle Center S	<u>tudy</u>	
Manuscript	t number (if known): A	APM-21-817			

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		V None	
ь	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	5. 1 , 1		
8	Patents planned, issued or	X None	
J	pending		
	P		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
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	committee or advocacy		
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12	Receipt of equipment, materials, drugs, medical	XNone	
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	financial interests		
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Date:	2 April 2021					
Your Name:	Jian-Guo Zhu					
Manuscript	Title: Drug-related Pro	blems Identified	by Clinical I	Pharmacists in	Nephrology	<u>Department</u>
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6		V None	
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7	Support for attending	X None	
,	meetings and/or travel		
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8	Patents planned, issued or	X None	
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