

ICMJE DISCLOSURE FORM

Date: 2/11/2023

Your Name: Xiaobo Wu

Manuscript Title: Atypical Hemolytic Uremic Syndrome: Genetically-based insights into pathogenesis through an analysis of the complement regulator CD46

Manuscript Number (if known): AOB-22-40

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 author's relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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 processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 2/13/2023

Your Name: M. Kathryn Liszewski

Manuscript Title: Atypical Hemolytic Uremic Syndrome: Genetically-based insights into pathogenesis through an analysis of the complement regulator CD46

Manuscript Number (if known): AOB-22-40

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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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: 2/14/2023

Your Name: Anuja Java

Manuscript Title: Atypical Hemolytic Uremic Syndrome: Genetically-based insights into pathogenesis through an analysis of the complement regulator CD46

Manuscript number (if known): AOB-22-40

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
		UptoDate	Royalty
4	Consulting fees	<input type="checkbox"/> None	
		Chinook	Consultant

		Therapeutics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Alexion AstraZeneca Rare Disease	Scientific Advisory Board
		Novartis Pharmaceuticals	Scientific Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author has Royalty from UptoDate and received consulting fees from Chinook Therapeutics. The author serves as Scientific Advisory Board for Alexion AstraZeneca Rare Disease and Novartis Pharmaceuticals

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

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: 3/1/2023

Your Name: John Atkinson, M.D.

Manuscript Title: Atypical Hemolytic Uremic Syndrome: Genetically-based insights into pathogenesis through an analysis of the complement regulator CD46

Manuscript number (if known): AOB-22-40

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		5 R35 GM136352 – NIH Grant - PI	
		5 R01 EY028602 – NIH Grant – Co-PI Subaward OSP2019151	
		5 R21 AR076534-02	
Time frame: past 36 months			
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		See above	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Avidity Partners	Payment made to Atkinson Lab
		Janssen Research & Development, LLC	Payment made to Atkinson Lab
		4D Molecular Therapeutics, INC	Payment made to Atkinson Lab
		BioMarin Pharmaceutical Inc	Payment made to Atkinson Lab
		Arrowhead Pharmaceuticals, Inc	Payment made to Dr. John Atkinson
		HiBIO, INC	Payment made to Atkinson Lab
		Autobahn Therapeutic, INC	Payment made to Atkinson Lab
		Celldex Therapeutics, formerly Avant Immunotherapeutics, Inc.	Payment made to Atkinson Lab
		Kypha, Inc	Payment made to Atkinson Lab
		Achillion Pharmaceuticals, Inc	Payment made to Atkinson Lab
		Annexon Biosciences, Inc	Payment made to Atkinson Lab
		Alexion Pharmaceuticals, Inc	Payment made to Atkinson Lab
		Q32 Bio	Payment made to Dr. John Atkinson
		Broadwing Bio	Payment made to Atkinson Lab
		Takeda Pharmaceuticals	Payment made to Atkinson Lab
Merck KGaA	Payment made to Atkinson Lab		
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data	<input type="checkbox"/> None	

	Safety Monitoring Board or Advisory Board	Kypha, Inc	Payments made to both Atkinson lab and Dr. John Atkinson
		Gemini Therapeutics	Payments made to both Atkinson lab and Dr. John Atkinson
		Compliment Corporation	Payments made to both Atkinson lab and Dr. John Atkinson
		Q32 Bio	Payments made to both Atkinson lab and Dr. John Atkinson
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		Gemini Therapeutics, Inc – SAB	
		Kypha, Inc – SAB	
		Compliment Corporation – SAB	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author has received the support from 5 R35 GM136352 – NIH Grant – PI, 5 R01 EY028602 – NIH Grant – Co-PI Subaward OSP2019151 and 5 R21 AR076534-02; and received consulting fees include Avidity Partners, Janssen Research & Development, LLC, 4D Molecular Therapeutics, INC, BioMarin Pharmaceutical Inc, HiBIO, INC, Autobahn Therapeutic, INC, Celldex Therapeutics, formerly Avant Immunotherapeutics, Inc., Kypha, Inc, Achillion Pharmaceuticals, Inc, Annexon Biosciences, Inc, Alexion Pharmaceuticals, Inc, Annexon Biosciences, Inc, Achillion Pharmaceuticals, Inc, Broadwing Bio, Takeda Pharmaceuticals, and Merck KGaA from Atkinson Lab; and Arrowhead Pharmaceuticals, Inc and Q32 Bio from Dr. John Atkinson. The author participate in the Advisory Board of Kypha, Inc, Gemini Therapeutics, Compliment Corporation and Q32 Bio and their payments made to both Atkinson lab and Dr. John Atkinson. The author has stock include Gemini Therapeutics, Inc – SAB, ypha, Inc – SAB, Compliment Corporation – SAB, and Q32 Bio – SAB.

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