Date:	_3/9/2021
Your Name:	: Pavan K. Bhatraju
Manuscript	t Title:Assessment of Kidney Proximal Tubular Secretion in Critical Illness
Manuscript	t number (if known): 145514-INS-CMED-1

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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)	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.	Time frame: Since the initial XNone NIH-K23	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
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	X_None	
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	

Date:March 9, 2021	
Your Name:Xin-Ya Chai	
Manuscript Title:Assessm	ent of Kidney Proximal Tubular Secretion in Critical Illness
Manuscript number (if known):	145514-INS-CMFD-1

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		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.	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	V N	
6	Payment for expert	_XNone	
	testimony		
-	C	V N	
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	_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		

Date: 3/10/2021

Your Name: John Ruzinski

Manuscript Title: Assessment of Kidney Proximal Tubular Secretion in Critical Illness

Manuscript number (if known):__145514-INS-CMED-1

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		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.	None	
		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 lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	5 ,		
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data Safety Monitoring Board or	None	
	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		

Date:3/9/2021	_
Your Name: Neha Sathe	
Manuscript Title:Assessment of Kidney Proximal Tubular Secretion in Critical Illness	
Manuscript number (if known): 145514-INS-CMFD-1	

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Demonstrate and a service for the service fo	
5 Payment or honoraria for _XNone	
lectures, presentations,	
speakers bureaus,	
manuscript writing or	
educational events	
6 Payment for expert _XNone	
testimony	
7 Support for attendingX_None meetings and/or travel	
8 Patents planned, issued orX_None	
pending	
9 Participation on a DataXNone	
Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleX_None	
in other board, society,	
group, paid or unpaid	
11 Stock or stock options _XNone	
12 Receipt of equipment,X_None	
materials, drugs, medical	
writing, gifts or other services	
13 Other financial or non- X None	
13 Other financial or nonXNone	
financial interests	

Date:3/9/202	<u> </u>	
Your Name:	Edward D. Siew	
Manuscript Title:	Assessment of Kidney Proximal Tubular Secretion in Critical Illness	
Manuscript number	if known): 145514-INS-CMED-1	

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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)
		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.		Vanderbilt O'Brien Kidney Center P30- DK114809 Clinical and Translational Core
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		1R01DK124063-01 Role of Proximal Tubular
	in item #1 above).		Secretion in Critical Illness
3	Royalties or licenses	None	
		Author for UptoDte	

4	Consulting fees	XNone	
		Akebia Inc	Consultant fees for Akebia Inc on 4/19
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	_XNone	
O	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
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	None	
10	in other board, society,	None	Editorial Board Clinical Journal of the American Society
	committee or advocacy		of Nephrology
	group, paid or unpaid		. 9,
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		

Date:	3/9/2021	
_ Your Name:	_Mark M. Wurfel	
Manuscript Title:_	Assessment of Kidney Proximal Tubular Secretion in Critical Illness	
Manuscript numbe	er (if known):145514-INS-CMED-1	

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ito time illinit for tims item.		
		Time frame: past	26 months
2	Cuanta au cantua de fue us		
2	Grants or contracts from	None	NIDDK R01
	any entity (if not indicated		
2	in item #1 above).	Name	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	xNone	
	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	
10	in other board, society,	_xNone	
	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		

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

Date:	3/9/2021
Your Name:	Andrew N. Hoofnagle, MD PHD
Manuscript Title:	Assessment of Kidney Proximal Tubular Secretion in Critical Illness
Manuscript number	(if known): 145514-INS-CMFD-1

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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)
	All		
1	All support for the present manuscript (e.g., funding, provision of study materials,	NIH	Grant to institution (Nutrition Obesity Research Center)
	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	
	o lii t		
4	Consulting fees	None	
1			

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	Kilpatrick Townsend	Expert witness regarding mass spectrometry
	testimony	and Stockton LLC	
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	Associate editor,	
	in other board, society,	Clinical Chemistry	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	Equipment support	
	materials, drugs, medical	from Waters, Inc, a mass	
	writing, gifts or other	spectrometry company	
	services		
12	Other financial and	Name	
13	Other financial or non-	None	
	financial interests		

Date:3/9/2021
Your Name:Jonathan Himmelfarb
Manuscript Title:Assessment of Kidney Proximal Tubular Secretion in Critical Illness
Manuscript number (if known):145514-INS-CMED-1

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,	NIH-K23	
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		- : • • • • • • • • • • • • • • • • •	26
2		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
3	Noyalties of ficerises		
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	_XNone	
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Cupport for attanding	V None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Nava	
10	Leadership or fiduciary role in other board, society,	XNone	
	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		

Date:March 9, 2021
Your Name:Bryan Kestenbaum
Manuscript Title:Assessment of Kidney Proximal Tubular Secretion in Critical Illness
Manuscript number (if known): 145514-INS-CMED-1

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	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.	XNone			
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	National Institutes of Health		
3	Royalties or licenses	None			
4	Consulting fees	_XNone	I received a consultancy fee from Reatta Pharmaceuticals		

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
-		V. None	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	XNone	