

ICMJE DISCLOSURE FORM

Date: 7/19/2022

Your Name: Donghai Wen

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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: 7/18/2022

Your Name: Zihe Zheng

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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Date: 7/18/2022

Your Name: Aditya Surapaneni

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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Your Name: Bing Yu

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Date: 7/18/2022

Your Name: Linda Zhou

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Wen Zhou

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Dawei Xie

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Haochang Shou

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Julian R. Avila Pacheco

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Sahir Kalim

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: 7/18/2022

Your Name: Jiang He, MD, PhD

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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.

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Chi-yuan, Hsu, MD, MSc

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 260 1516 428"> <tr> <td>Ad hoc legal or industry consulting for acute and chronic kidney disease</td> <td>Payments made to me</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Ad hoc legal or industry consulting for acute and chronic kidney disease	Payments made to me						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 512 1516 617"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 856 1516 961"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1075 1516 1180"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1293 1516 1398"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1512 1516 1617"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Afshin Parsa

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Panduranga S Rao

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: James Sondheimer, MD

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: 7/18/2022

Your Name: Raymond R Townsend

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Medtronic (Global Executive Committee)</td> <td></td> </tr> <tr> <td>Ionis (Consultant)</td> <td></td> </tr> <tr> <td>BD (Consultant)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Medtronic (Global Executive Committee)		Ionis (Consultant)		BD (Consultant)			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Cytel (DSMB)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Cytel (DSMB)							
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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: 7/18/2022

Your Name: SUSHRUT WAIKAR

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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ICMJE DISCLOSURE FORM

Date: 7/26/2022

Your Name: Casey M. Rebholz

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Michelle Denburg

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Yale University</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Yale University							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>NIDDK, PCORI</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		NIDDK, PCORI							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>American Society of Pediatric Nephrology</td> <td>Co-Chair of Research and Program Committees</td> </tr> <tr> <td>Kidney International Reports</td> <td>Editorial Board</td> </tr> <tr> <td></td> <td></td> </tr> </table>		American Society of Pediatric Nephrology	Co-Chair of Research and Program Committees	Kidney International Reports	Editorial Board				
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: 7/18/2022

Your Name: Paul L Kimmel

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>Co-Editor Chronic Renal Disease Academic Press</td><td></td></tr> <tr><td>Co-Editor Psychosocial Aspects of Chronic Kidney Disease Academic Press</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Co-Editor Chronic Renal Disease Academic Press		Co-Editor Psychosocial Aspects of Chronic Kidney Disease Academic Press			
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ICMJE DISCLOSURE FORM

Date: 7/19/2022

Your Name: Ramachandran S Vasan

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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ICMJE DISCLOSURE FORM

Date: 7/19/2022

Your Name: Clary B. Clish

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Josef Coresh

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Harold I Feldman

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 258 1516 394"> <tr> <td>National Kidney Foundation</td> <td>Payments to me</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		National Kidney Foundation	Payments to me						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 480 1516 583"> <tr> <td>Kyowa Kirin Inc.</td> <td>Payments to me</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Kyowa Kirin Inc.	Payments to me						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 825 1516 928"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1041 1516 1144"> <tr> <td>International Society of Nephrology</td> <td>Travel reimbursement</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		International Society of Nephrology	Travel reimbursement						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1260 1516 1362"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1476 1516 1579"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1665 1516 1768"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 7/19/2022

Your Name: Morgan Grams

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

Manuscript Number (if known): 161696-INS-RG-1

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Date: 7/18/2022

Your Name: Eugene Rhee

Manuscript Title: Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study

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