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

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3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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 k	nown): 161696-INS-RG-1	
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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 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		

manuscript (e.g., Dr. Zheng is currently employed by Bayer US LLC, funding, provision the work involved in this manuscript was of study materials, performed and completed before her medical writing, employment with Bayer US LLC. article processing charges, etc.) Click the tab key to add additional rows No time limit for this item. Time frame: past 36 months Grants or  $\boxtimes$ None contracts from any entity (if not indicated in item #1 above). 3 Royalties or **⊠** None licenses

		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)
4	Consulting fees	□ None □ Dr. Zheng reports receiving consulting fee from Akebia Therapeutics Inc and Johnsons and Johnsons during the past 36 months.	
0	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Dr. Zheng reports receiving honoraria for lectures on epidemiology from Harvard Medical School during the past 36 months	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
88	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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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3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠  None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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Date:	7/18/2022
Your Name:	Bing Yu
Manuscript Title:	Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study
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			Time frame: Since the initial planning of	of the work
	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: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	× N	None	

			ons/Comments (e.g., if payments were ou or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: Second content of the content	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Image: square of the square o	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.			

Date:	7/18/2022
Your Name:	Linda Zhou
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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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

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

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			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	None     Non		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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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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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 montl	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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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
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.
• •	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.

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		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [		to the following statement to indicate your agreeme answered every question and have not altered the wo	

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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		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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None □	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		7/18/2022	
You	r Name:		Sahir Kalim	
Mar	nuscript Title:		Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study	
Mar	nuscript Number (if k	nown):	161696-INS-RG-1	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you		ipt. "Rela of the ma e in doub s/activiti nsion, yo	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if	
tnat	medication is not me	entioned	in the manuscript.	
	em #1 below, report and for disclosure is the			ithout time limit. For all other items, the time
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		· cia tioiii	mp or management (and rome as message)	made to you or to your mistitution;
		relation	Time frame: Since the initial planning	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	ſ		
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for		Time frame: Since the initial planning	Click the tab key to add additional rows.
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Fresenius Kabi speaking fees	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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13	Other financial or non-financial interests	None		
Plea	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.			

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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

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3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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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	
Ма	nuscript Number (if k	nown):	161696-INS-RG-1	
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities		ipt. "Rel of the ma e in doub os/activit	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if	
-	t medication is not me	-		
	tem #1 below, report a me for disclosure is the		·	ithout time limit. For all other items, the time
			Il entities with whom you have this ship 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	[□] N	lone	
	manuscript (e.g., funding, provision	NIH		Grant Funding
	of study materials,			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.			
	this item.			
	this item.		Time frame: past 36 month	s
2	Grants or contracts from		lone	
2	Grants or		·	Payments made to University of California, San Francisco
2	Grants or contracts from any entity (if not indicated in item		lone	Payments made to University of California, San
3	Grants or contracts from any entity (if not indicated in item	U01 DI	lone	Payments made to University of California, San

			cifications/Comments (e.g., if payments were le to you or to your institution)
4	Consulting fees	Ad hoc legal or industry consulting for acute and chronic kidney disease	nents made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	■ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	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.			

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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.

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.

		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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

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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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.

		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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠  None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

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

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.

		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.	None  None	Click the tab key to add additional rows.
		Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠  None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:		-	7/18/2022			
Your Name:		-	Raymond R Townsend			
Manuscript Title:		-	Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study			
Ма	nuscript Number (if k	known):	161696-INS-RG-1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned.			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.		
			entities with whom you have this hip 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		
			· J			
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.	NIH Gra These su venue ir	ints U01DK060984 and UL1TR000003. upported the funding of the study, the n which participants were evaluated and d for sample acquisition.	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Gra These su venue ir	one onts U01DK060984 and UL1TR000003. upported the funding of the study, the n which participants were evaluated and	Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Gra These su venue ir provided	ints U01DK060984 and UL1TR000003. upported the funding of the study, the n which participants were evaluated and d for sample acquisition.	Click the tab key to add additional rows.		

		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)
4	Consulting fees	Medtronic (Global Executive Committee) Ionis (Consultant) BD (Consultant)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Cytel (DSMB)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	□			
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date:			7/18/2022			
Your Name:			SUSHRUT WAIKAR			
Manuscript Title:			Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study			
Mar	nuscript Number (if kr	nown):	161696-INS-RG-1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		pt. "Rela f the man in doubt s/activition intioned all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each of the u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.		
fran	ne for disclosure is the	e past 36	months.			
			l entities with whom you have this ship 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.	U01DK	D85660	Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not	[⊠] No	one			

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indicated in item #1 above).

**⊠** None

Royalties or

licenses

3

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	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.			

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

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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.

		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 o	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.	NHLBI R01 HL153178	Payment to institution Payment to institution Click the tab key to add additional rows.
		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 None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair, DSMB, SUPER Trial: Effect of Dietary Sodium Reduction in Kidney Disease Patients with Albuminuria Chair, DSMB, ADEPT Trial, A Clinical Trial of Low- Carbohydrate Dietary Pattern on Glycemic Outcomes	No payment  No payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Diabetes Care, Associate Editor	No payment

			entities with whom you have this nip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	Non	ne		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Noi	ne		
13	Other financial or non-financial interests	⊠  Nor	ne		
Plea	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.				

Date:			7/18/2022			
Your Name:			Michelle Denburg			
Manuscript Title:			Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study			
Ma	nuscript Number (if k	nown):	161696-INS-RG-1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.  rt for the work reported in this manuscript without time limit. For all other items, the time			
fran	ne for disclosure is th	e past 36	months.			
			l entities with whom you have this ship 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		
			rime trame. 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.	NIDDK	one	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	1 1		Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIDDK	one	Click the tab key to add additional rows.		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None    Yale University	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	NIDDK, PCORI	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Mone   American Society of Pediatric Nephrology   Kidney International Reports	Co-Chair of Research and Program Committees Editorial Board

		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)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea [🖂]	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.			

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

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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.

		·	
		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	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	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None	
3	Royalties or licenses	Co-Editor Chronic Renal Disease Academic Press Co-Editor Psychosocial Aspects of Chronic Kidney Disease Academic Press	

			ns/Comments (e.g., if payments were u or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the square o	
7	Support for attending meetings and/or travel	Payment in kind, moderator Social Determinants of Kidney Health, New York Academy of Medicine, January 2020	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

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	
n 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 ndicate 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.

		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		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  Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month     None	
3	Royalties or licenses	None None □	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if pa made to you or to your institution)	yments were
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: Second content of the content	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] No	lone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠  Ne	lone	
13	Other financial or non-financial interests	No.	lone	
Plea	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.			

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

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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.

		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.	None  Click the tab key to add additional rows.  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 None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

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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6	Payment for expert testimony	■ None	
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Date:	Date: 7/18/2022			
Your Name:	_	Harold I Feldman		
Manuscript Title:		Metabolite Profiling of CKD Progression (CRIC) Study	in the Chronic Renal Insufficiency Cohort	
Manuscript Number (if k	known):	161696-INS-RG-1		
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		National Kidney Foundation	Payments to me
5	Payment or honoraria for	□ None	
	lectures, presentations,	Kyowa Kirin Inc.	Payments to me
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for	⊠ None	
	expert testimony		
7	Support for	□ None	
	attending meetings and/or	International Society of Nephrology	Travel reimbursement
	travel		
8	Patents planned,	None	
0	issued or pending	None	
	pending		
		r 1	
9	Participation on a Data Safety	None	
	Monitoring Board or		
10	Advisory Board  Leadership or	None	
	fiduciary role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		

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Date:		7/19/2022		
Your Name:		Morgan Grams		
Manuscript Title:		Metabolite Profiling of CKD Progressio (CRIC) Study	Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study	
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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	KDIGO Executive Board/ Controversies Conference ERA (European Renal Association)
8	Patents planned, issued or pending	⊠  None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	KDIGO Executive Board Committee  NKF Scientific Advisory Board  USRDS Scientific Advisory Board

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Date:	_	7/18/2022			
Your Name:	<del>-</del>	Eugene Rhee			
Manuscript Title:		Metabolite Profiling of CKD Progression in the Chronic Renal Insufficiency Cohort (CRIC) Study			
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