

ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Shruti Gupta

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work			
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		<input type="text"/>	
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		<input type="text"/>	
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		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>GlaxoSmithKline, Proleteraiaat Therapeutics, Secretome, Alexion</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	GlaxoSmithKline, Proleteraiaat Therapeutics, Secretome, Alexion						
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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>Springer, Inc.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Springer, Inc.						
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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> </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.

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Your Name: [Olivia Green-Lingren

Manuscript Title: **F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury**

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Date: 6/17/2024

Your Name: Sudhir Bhimaniya

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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Date: 6/17/2024

Your Name: Aleksandra Krokmal

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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Date: 6/17/2024

Your Name: Heather Jacene

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

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Date: 6/17/2024

Your Name: Marlies Ostermann

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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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.

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	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	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).	<input type="checkbox"/> None	
		<input type="text" value="Research funding from Baxter, bioMerieux, LaJolla Pharma"/>	
		<input type="text"/>	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> 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	<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>							
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>							
7	Support for attending meetings and/or travel	<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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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>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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: 6/17/2024

Your Name: Sugama Chicklore

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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		<input type="text"/>	
		<input type="text"/>	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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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	

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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: 6/17/2024

Your Name: Ben Sprangers

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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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> </table>							
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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>							
7	Support for attending meetings and/or travel	<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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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	

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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: 6/17/2024

Your Name: Christophe M. Deroose

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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		<input type="text"/>	
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		<input type="text"/>	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).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None [Consultant for Sirtex, Advanced Accelerator Applications, Novartis, Ipsen, Terumo, PSI CRO, Immedica Pharma _____ _____ _____	
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 type="checkbox"/> None [Travel fees from GE Healthcare, Sirtex _____ _____	To institution _____ _____
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None _____ _____ _____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None _____ _____ _____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None _____ _____ _____	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Sandra M. Herrmann

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Sophia L. Wells

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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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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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: 6/17/2024

Your Name: Sarah A. Kaunfer

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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: 6/17/2024

Your Name: Jessica L. Ortega

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Clara Garcia Carro

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Michael Bold

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Kevin L. Chen

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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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.	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	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).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
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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	<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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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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Meghan E. Sise

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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		Angion, Otsuka, Gilead, Cbaletta, Novartis, EMD-Serono, Roche/Genetec, Merck	
		<input type="text"/>	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None <table border="1"> <tr> <td>Resonance and Otsuka</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Resonance and Otsuka						
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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> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>DSMB for Alpine Immune Sciences</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	DSMB for Alpine Immune Sciences						
DSMB for Alpine Immune Sciences									
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>Scientific Advisory board of Vera, Travere, Calliditas, Mallinckrodt, Novartis, Otsuka, Relax Tx</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Scientific Advisory board of Vera, Travere, Calliditas, Mallinckrodt, Novartis, Otsuka, Relax Tx						
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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)
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: 6/17/2024

Your Name: Pedram Heidari

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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		<input type="text"/>	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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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> </table>							
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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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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Wai Lun Will Pak

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Meghan D. Lee

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Yael Eshet

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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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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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Raymond K. Hsu

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Miguel Hernandez Pampaloni

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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Date: 6/17/2024

Your Name: Arash Rashidi

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Your Name: Norbert Avril

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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: 6/17/2024

Your Name: Vicki Donley

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Zain Mithani

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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: 6/17/2024

Your Name: Russ Kuker

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Muhammad Awiwi

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Mindy Wang

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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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: 6/17/2024

Your Name: Sujal I. Shah

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Michael Weintraub

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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: 6/17/2024

Your Name: Heiko Schoder

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Raad B. Chowdhury

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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Time frame: past 36 months									
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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Harish Seethapathy

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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Time frame: past 36 months			
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		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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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: 6/17/2024

Your Name: Kerry L. Reynolds

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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: 6/17/2024

Your Name: Maria Jose Soler

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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4	Consulting fees	<input 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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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>202131356</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	202131356						
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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Ala Abudayyeh

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Ilya Glezerman

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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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: 6/17/2024

Your Name: David E. Leaf

Manuscript Title: F18-FDG PET imaging as a diagnostic tool for immune checkpoint inhibitor-associated acute kidney injury

Manuscript Number (if known): 182275-JCI-RL-RV-2

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	
		<input type="text"/>	
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		<input type="text"/>	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).	<input type="checkbox"/> None	
		BioPorto, BTG International, and Metro International Biotech LLC	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
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4	Consulting fees	<input type="checkbox"/> None Sidereal Therapeutics, Casma Therapeutics, MexBrain, Entrada Therapeutics, and CardioRenal Systems, Inc	
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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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