Date:		8/3/2024			
Your Name: Manuscript Title:		David Zhang	David Zhang		
		Protein-truncating variant in APOL3 increa	ses chronic kidney disease risk in epistasis with		
Mai	nuscript Number (if kn	nown): _ 181238-INS-CMED-TR-2			
con affe	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.				
epic	demiology of hyperten	s/activities/interests should be defined broadly. For sion, you should declare all relationships with manuntioned in the manuscript.			
In item #1 below, report all support frame for disclosure is the past 36 r		all support for the work reported in this manuscript of past 36 months.	without time limit. For all other items, the time		
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		•	made to you or to your institution)		
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1	All support for the present manuscript (e.g., funding, provision	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None	made to you or to your institution) g of the work		
1	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None	made to you or to your institution) g of the work  Click the tab key to add additional rows.		

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commo	ents (e.g., if payments were ir institution)
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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Same as in item #1 or funding from University of Pennsylvania	
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:		8/3/2024			
Your Name:		Michael Levin	Michael Levin		
Manuscript Title:		Protein-truncating variant in APOL3 inc APOL1 risk alleles	reases chronic kidney disease risk in epistasis with		
Ma	nuscript Number (if kr	nown): 181238-INS-CMED-TR-2			
content of your manuscript. "Rela affected by the content of the man					
epi	demiology of hyperten	s/activities/interests should be defined broadly. nsion, you should declare all relationships with me entioned in the manuscript.	For example, if your manuscript pertains to the anufacturers of antihypertensive medication, even if		
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			ed) made to you or to your institution)		
1		relationship or indicate none (add rows as need	ed) made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	relationship or indicate none (add rows as need  Time frame: Since the initial plan  [ None	made to you or to your institution)  ning of the work		
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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	

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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	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:	8/3/2024
Your Name:	Jeffrey Duda
Manuscript Title:	Protein-truncating variant in APOL3 increases chronic kidney disease risk in epistasis with APOL1 risk alleles
Manuscript Number (if known):	181238-INS-CMED-TR-2

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		e all entities with whom you have this onship 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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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	

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4	Consulting fees	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	

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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	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:	8/3/2024
Your Name:	[Latrice Landry
Manuscript Title:	Protein-truncating variant in APOL3 increases chronic kidney disease risk in epistasis with APOL1 risk alleles
Manuscript Number (if known):	181238-INS-CMED-TR-2

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4	Consulting fees	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	

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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	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:	8/3/2024	
Your Name:	Walter Witschey	
Manuscript Title:	Protein-truncating variant in APOL3 increases chronic kidney disease risk in epistasis with APOL1 risk alleles	
Manuscript Number (if known):	181238-INS-CMED-TR-2	
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	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.	
n item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time rame for disclosure is the past 36 months.		

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., NIH NIBIB - P41 EB029460 funding, provision NIH NHLBI - R01 HL169378 of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or None 2 contracts from any entity (if not indicated in item #1 above). 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	
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	

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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	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:	8/3/2024
Your Name:	Scott Damrauer
Manuscript Title:	Protein-truncating variant in APOL3 increases chronic kidney disease risk in epistasis with APOL1 risk alleles
Manuscript Number (if known):	181238-INS-CMED-TR-2

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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	

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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	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:	8/3/2024
Your Name:	Marylyn Ritchie
Manuscript Title:	Protein-truncating variant in APOL3 increases chronic kidney disease risk in epistasis with APOL1 risk alleles
Manuscript Number (if known):	181238-INS-CMED-TR-2

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2	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.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH NHLBI - R01HL169458 NIH NCATS - UL1-TR-001878  Time frame: past 36 month  None	Click the tab key to add additional rows.
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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)
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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:	8/3/2024
Your Name:	Daniel Rader
Manuscript Title:	Protein-truncating variant in APOL3 increases chronic kidney disease risk in epistasis with APOL1 risk alleles
Manuscript Number (if known):	181238-INS-CMED-TR-2

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