

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Philip

2. Surname (Last Name)  
Halloran

3. Date  
07-December-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Relationships among injury, fibrosis, and time in human kidney transplants

6. Manuscript Identifying Number (if you know it)  
85323-INS-CMED-TR-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outright grant to support the INTERCOM study. Novartis has no rights in relationship to these studies.

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astellas, Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Astellas, One Lambda, Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lectures for CME functions

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Transcriptome Sciences Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have shares in TSI. This is a company (effectively a virtual company) set up with potential to commercialize work that is developed in my center (the Alberta Transplant Applied Genomics Centre or ATAGC)

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 6. Disclosure Statement

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Dr. Halloran reports grants from Novartis, during the conduct of the study; personal fees from Astellas, Novartis, personal fees from Astellas, One Lambda, Bristol-Myers Squibb, other from Transcriptome Sciences Inc, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jeffery	2. Surname (Last Name) Venner	3. Date 07-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip F. Halloran
5. Manuscript Title Relationships among injury, fibrosis, and time in human kidney transplants		
6. Manuscript Identifying Number (if you know it) 85323-INS-CMED-TR-2		

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Dr. Venner has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name)  
Jeff

2. Surname (Last Name)  
Reeve

3. Date  
07-December-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Philip F. Halloran

5. Manuscript Title  
Relationships among injury, fibrosis, and time in human kidney transplants

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### Section 1. Identifying Information

1. Given Name (First Name) Konrad	2. Surname (Last Name) Famulski	3. Date 07-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip F. Halloran
5. Manuscript Title Relationships among injury, fibrosis, and time in human kidney transplants		
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1. Given Name (First Name) Jessica  
 2. Surname (Last Name) Chang  
 3. Date 07-December-2015

4. Are you the corresponding author?  Yes  No  
 Corresponding Author's Name  
 Philip F. Halloran

5. Manuscript Title  
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