



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
SERPIL MUGE

2. Surname (Last Name)
DEGER

3. Date
27-June-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
T. Alp Ikizler

5. Manuscript Title
Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)
95185-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Dr. DEGER has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Adriana

2. Surname (Last Name)

Hung

3. Date

20-September-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

T Alp. Ikizler

5. Manuscript Title

Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jorge

2. Surname (Last Name)

Gamboa

3. Date

20-September-2017

4. Are you the corresponding author?

 Yes

 No

Corresponding Author's Name

Talat Alp Ikizler

5. Manuscript Title

Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Charles

2. Surname (Last Name)

Ellis

3. Date

20-September-2017

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Yes No

Corresponding Author's Name

T. Alp Ikingler, MD

5. Manuscript Title

Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)

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Edward

2. Surname (Last Name)
Siew

3. Date
19-September-2017

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Yes No

Corresponding Author's Name

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

cindy

2. Surname (Last Name)

mambungu

3. Date

21-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)

95185

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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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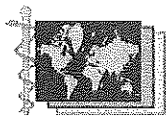
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Feng

2. Surname (Last Name)

Sha

3. Date

20-September-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Alp Ikizler

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Haiming

2. Surname (Last Name)

Li

3. Date

21-September-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ikizler, Alp

5. Manuscript Title

Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)

95185

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

aihua

2. Surname (Last Name)

bian

3. Date

20-September-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr.Ikizler

5. Manuscript Title

Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)

95185

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas
2. Surname (Last Name) Stewart
3. Date 20-September-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
T. Alp Ikizler

5. Manuscript Title
Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Roy
 2. Surname (Last Name) Zent
 3. Date 19-September-2017

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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)

William

2. Surname (Last Name)

Mitch

3. Date

20-September-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

T. Alp Ikizler

5. Manuscript Title

Systemic Inflammation is Associated with Exaggerated Skeletal Muscle Protein Catabolism in Maintenance Hemodialysis Patients

6. Manuscript Identifying Number (if you know it)

95185

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
National Institutes of Health R37 DK37175	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	salary support
ATARA Biotherapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of myostatin in mice

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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
ATARA Biotherapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of myostatin functions in mice



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Dr. Mitch reports grants from National Institutes of Health R37 DK37175, grants from ATARA Biotherapeutics, during the conduct of the study; grants from ATARA Biotherapeutics, outside the submitted work; .

Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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1. Given Name (First Name)

Naji

2. Surname (Last Name)

Abumrad

3. Date

20-September-2017

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Yes No

Corresponding Author's Name

Alp Ikizler

5. Manuscript Title

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Talat Alp

2. Surname (Last Name)

Ikizler

3. Date

20-September-2017

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Yes No

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Dr. Ikizler has nothing to disclose.

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