

Supplement 2| Conflict of Interest Declaration Form and Statements

Conflict of Interest Declaration Form

Title	Development of standard treatment evidence-based guidelines for nephrologists by the Korean Society of Nephrology
Role	<input type="checkbox"/> Research director <input type="checkbox"/> Member of the Work Group <input type="checkbox"/> Advisory board <input type="checkbox"/> Other support member

The purpose of the following questions is to enable members involved in the development of clinical practice guidelines to disclose their actual and explicit interests related to their activities. Interests related to the development of clinical guidelines are; 1) intellectual property rights such as patents for interventions (drugs, medical technology, etc.) covered by the clinical guidelines under review; 2) companies related to drugs, technologies, and services related to the topic of clinical guidelines. If you are in a relationship with Key money, employment, stock holdings, etc. must be disclosed. The purpose of the public declaration is to allow members to judge their own interests and to confirm the interests of other members. Please check “no” or “yes” to the following questions, and if you answered “yes”, please describe your interests in detail.

1. Do you have intellectual property rights such as patents, trademarks, licensing, royalties, etc. in relation to the interventions (drugs, medical technology, etc.) covered by the clinical practice guidelines?

No Yes

If yes, please describe it (title of clinical practice guideline and relevant information, etc.).

2. Employment

Are you employed (if you have an official/unofficial title) or have you been employed by a company or organization that has commercial relevance to interventions (drugs, medical technology, etc.) covered by clinical practice guidelines?

No Yes

If yes, please describe it.

3. Ownership Shares

Do you have unlisted equity (stock option, non-traded stock) or listed equity (over 10 million won, including stock options, but excluding indirect investment through mutual funds, etc.) of a company or organization that is commercially relevant to clinical practice guidelines?

No Yes

If yes, please describe it.

4. Research Grants

Have you, or have you received, any cost in the form of a research grant, educational fee, research device, or advisory for unrestricted use from a company or organization commercially related to clinical practice guidelines?

No Yes

If yes, please describe it.

5. Honorarium

Have you ever received a reward of more than 10 million won per year from a company or organization that has commercial relevance to clinical practice guidelines?

No Yes

If yes, please describe it.

6. Other Potential Interests

Do you have any of the relationships described above in your family (parents, spouse, children) or your company?

No Yes

If yes, please describe it.

All of the information I have confirmed has been accurately described, and if a conflict of interest (COI) arises in which financial interests change during the course of the research, I will report it to the Work Group.

Submission Date: - -

Submitted by: Printed name (signature)

Declaration of Interest Statements

Kook-Hwan Oh
Nothing to declare

Ji Yong Jung
Nothing to declare

Kyung Don Yoo
Nothing to declare

Eunjeong Kang
Nothing to declare

Hee Gyung Kang
Advisor member for atypical hemolytic uremic syndrome in Handok/Alexion

Su Hyun Kim
Nothing to declare

Hyoungnae Kim
Nothing to declare

Hyo Jin Kim
Nothing to declare

Tae-Jin Park
Nothing to declare

Sang Heon Suh
Nothing to declare

Jong Cheol Jeong
Research grant from Astella Korea

Ji-Young Choi
Nothing to declare

Young-Hwan Hwang
Nothing to declare

Miyoung Choi
Nothing to declare

Yae Lim Kim
Nothing to declare