ICMJE DISCLOSURE FORM

Date: _____ April 14th, 2021 _____
Your Name: __Haiyin Wang__
Manuscript Title: __Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China__
Manuscript number (if known): ____ ATM-21-1100-R1 _______

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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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | X None \[Specifications/Comments\] |

Time frame: Since the initial planning of the work

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Shanghai Municipal Health Commission \[The work of Shanghai Health Technology Assessment Research Department (Shanghai HTA) was jointly funded by Shanghai Municipal Health Commission (the Fourth Round of the Shanghai Three-year Action Plan on Public Health Discipline and Talent Program: Evidence-based Public Health and Health Economics (No. 15GWZK0901)) and Jafron Biomedical Co., Ltd.\] |

Time frame: past 36 months
|   | Description                                                                 | "X" | None |
|---|-----------------------------------------------------------------------------|-----|------|
| 3 | Royalties or licenses                                                        |     | None |
| 4 | Consulting fees                                                             |     | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         |     | None |
|   | manuscript writing or educational events                                     |     |      |
| 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  |     | None |
|   | group, paid or unpaid                                                        |     |      |
|11 | Stock or stock options                                                       |     | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other      |     | None |
|   | services                                                                     |     |      |
|13 | Other financial or non-financial interests                                    |     | None |

Please summarize the above conflict of interest in the following box:

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Please place an “X” next to the following statement to indicate your agreement:

_X_ 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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Date:______April 14th, 2021_____
Your Name: ___ Huajie Jin ___
Manuscript Title: ___ Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China ___
Manuscript number (if known): ____ ATM-21-1100-R1 _______

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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials,  | ____X__None                                                                 |
|   | medical writing, article processing charges, etc.) No time limit for this item.      |                                                                                 |

|   |                                                                                       | Time frame: past 36 months                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).              | ____X__None ____X__None                                                         |
| 3 | Royalties or licenses                                                                  | ____X__None                                                                   |
| 4 | Consulting fees                                                                       | ____X__None                                                                   |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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ICMJE DISCLOSURE FORM

Date: _____April 14th, 2021_____  
Your Name: ___ Wendi Cheng ___  
Manuscript Title: __ Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China  
Manuscript number (if known): ____ ATM-21-1100-R1 ________

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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No time limit for this item. | _X_ None                                                                         |                                                                                   |
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|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 3 | Royalties or licenses                                                        | X | None |
| 4 | Consulting fees                                                              | X | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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**Please place an “X” next to the following statement to indicate your agreement:**

X_ 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:____April 14th, 2021____
Your Name:___ Xiaoxiao Qin ___
Manuscript Title:___ Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China 
Manuscript number (if known):_____ ATM-21-1100-R1 _______

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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|   |                                                                                               |                                                                                  |
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|   | None | None | None | None | None | None | None | None | None | None | None |

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form.
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Date: _____April 14th, 2021____
Your Name: ___Yashuang Luo___
Manuscript Title: ___Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China___
Manuscript number (if known): ____ATM-21-1100-R1_____

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|   |                                                                                 |                                                                                  |
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|   |                                                                                 | The work of Shanghai Health Technology Assessment Research Department (Shanghai HTA) was jointly funded by Shanghai Municipal Health Commission (the Fourth Round of the Shanghai Three-year Action Plan on Public Health Discipline and Talent Program: Evidence-based Public Health and Health Economics (No. 15GWZK0901)) and Jafron Biomedical Co., Ltd. |
|   |                                                                                 |                                                                                  |
|   | Time frame: past 36 months                                                      |                                                                                  |
|   | Royalties or licenses                   | _X_ None |
|---|----------------------------------------|----------|
| 4 | Consulting fees                        | _X_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony           | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending     | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
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Date:____April 14th, 2021____  
Your Name:___Xin Liu___  
Manuscript Title:__Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China___  
Manuscript number (if known):____ ATM-21-1100-R1 _______

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|   | **No time limit for this item.** | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Shanghai Municipal Health Commission  
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|   | __X__ None           | __X__ None      | __X__ None                                                                                       | __X__ None                  | __X__ None                                | __X__ None                       | __X__ None                                                                 | __X__ None                                                                 | __X__ None                       | __X__ None                                                                 | __X__ None                       |

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Date:_______April 14th, 2021_____
Your Name:___ Yuyan Fu___
Manuscript Title:___Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China___
Manuscript number (if known):____ ATM-21-1100-R1 _______

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Time frame: past 36 months

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|   |                                | Jafron Biomedical Co., Ltd. |
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| 3 | Royalties or licenses          | __X__ None                   |
| 4 | Consulting fees                | __X__ None                   |
| 5 | Payment or honoraria for       | __X__ None                   |
|   | lectures, presentations,       |                              |
|   | speakers bureaus, manuscript   |                              |
|   | writing or educational events  |                              |
| 6 | Payment for expert testimony   | __X__ None                   |
| 7 | Support for attending meetings | __X__ None                   |
|   | and/or travel                  |                              |
| 8 | Patents planned, issued or     | __X__ None                   |
|   | pending                        |                              |
| 9 | Participation on a Data        | __X__ None                   |
|   | Safety Monitoring Board or     |                              |
|   | Advisory Board                 |                              |
| 10| Leadership or fiduciary role in| __X__ None                   |
|   | other board, society,          |                              |
|   | committee or advocacy group,   |                              |
|   | paid or unpaid                 |                              |
| 11| Stock or stock options         | __X__ None                   |
| 12| Receipt of equipment, materials| __X__ None                   |
|   | and services                   |                              |
| 13| Other financial or non-financial interests | __X__ None |

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ICMJE DISCLOSURE FORM

Date: _____April 14th, 2021_____
Your Name: ___Gengru Jiang___
Manuscript Title: ___Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China___
Manuscript number (if known): ____ATM-21-1100-R1_____

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| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   |   |   |
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| 13 | Other financial or non-financial interests | _X_ None |

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Date:______April. 14th, 2021_____
Your Name:___ Wei Lu___
Manuscript Title:__ Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China
Manuscript number (if known):_____ ATM-21-1100-R1 _______

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| 2      | Grants or contracts from any entity (if not indicated in item #1 above) | _X_ None | _X_ None |
| 3      | Royalties or licenses | _X_ None | |
| 4      | Consulting fees | _X_ None | |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|---|------|
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Date:____April 14th, 2021____
Your Name:___Chunlin Jin___
Manuscript Title:__Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China
Manuscript number (if known):____ATM-21-1100-R1_____

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Date: _____April 14th, 2021_____
Your Name: ___ Mark Pennington___
Manuscript Title: __ Cost-effectiveness analysis of hemodialysis plus hemoperfusion versus hemodialysis alone in adult patients with end-stage renal disease in China___
Manuscript number (if known): ____ ATM-21-1100-R1 _______

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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. | _X_ None |

| Time frame: Since the initial planning of the work |
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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. | _X_ None |

| Time frame: past 36 months |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | Merck and Initiate  
The author received personal fees from Merck and |
|   |   | consulting | Initiate consulting outside the submitted work. |
|---|---|------------|-------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |   |
| 6 | Payment for expert testimony | _X_ None |   |
| 7 | Support for attending meetings and/or travel | _X_ None |   |
| 8 | Patents planned, issued or pending | _X_ None |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |   |
| 11 | Stock or stock options | _X_ None |   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |   |
| 13 | Other financial or non-financial interests | _X_ None |   |

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