ICMJE DISCLOSURE FORM

Date: **Oct 31st, 2021**
Your Name: **Yan Tong**
Manuscript Title: **Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness**
Manuscript number (if known): **ATM-21-3957**

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | | |
| 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 | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Conflict of Interest | Description |
|---|---------------------|-------------|
| 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 |
| 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 |

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

There is no conflict of interest about this manuscript.

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: **Oct 31st, 2021**  
Your Name: **Jun-Yan Fang**  
Manuscript Title: **Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness**  
Manuscript number (if known): **ATM-21-3957**

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| Time frame: Since the initial planning of the work | **None** | |
|   | **No time limit for this item.** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| Time frame: past 36 months | **None** | |
| **3** | Royalties or licenses | None |
|   | **None** | |
| **4** | Consulting fees | None |
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| 6 | Payment for expert testimony                                                                   | None |
| 7 | Support for attending meetings and/or travel                                                     | None |
| 8 | Patents planned, issued or pending                                                               | 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 |

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

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ICMJE DISCLOSURE FORM

Date: **Oct 31**, 2021

Your Name: **A-Hui Song**

Manuscript Title: **Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness**

Manuscript number (if known): **ATM-21-3957**

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| # | Relationship | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---|--------------|---------------------------------------------------|---------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None | None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | None |
| 3 | Royalties or licenses | None | None |
| 4 | Consulting fees | None | None |
|   | Description                                                                 | Answer |
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ICMJE DISCLOSURE FORM

Date: **Oct 31**, 2021

Your Name: Hai Deng

Manuscript Title: **Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness**

Manuscript number (if known): **ATM-21-3957**

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|   | **No time limit for this item.** |                                                                                       |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | Time frame: past 36 months |
| 3 | Royalties or licenses | None |
| 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 |
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| 11 | Stock or stock options | None |
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ICMJE DISCLOSURE FORM

Date: Oct 31st, 2021
Your Name: Pu Li
Manuscript Title: Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness
Manuscript number (if known): ATM-21-3957

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| Item | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|---------------------------------------------------|----------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None                          |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None                          |
| 3    | Royalties or licenses                             | None                          |
| 4    | Consulting fees                                   | None                          |
|   |                                                                                     | None |
|---|--------------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, 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 group, paid or unpaid | None |
|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 |

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ICMJE DISCLOSURE FORM

Date: **Oct 31st, 2021**
Your Name: **Ze-Hui Huang**
Manuscript Title: **Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness**
Manuscript number (if known): **ATM-21-3957**

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|   | Time frame: past 36 months |   |   |
|---|----------------------------|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |   |
| 3 | Royalties or licenses | None |   |
| 4 | Consulting fees | None |   |
|   | 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 |
| 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 |

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ICMJE DISCLOSURE FORM

Date: **Oct 31st, 2021**

Your Name: Ou-Yang Ji

Manuscript Title: Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness

Manuscript number (if known): ATM-21-3957

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

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| **Time frame: past 36 months** | |
|-------------------------------|--|
| 2                             | None |
| 3                             | None |
| 4                             | None |
|   | Question                                                                 | Answer |
|---|-------------------------------------------------------------------------|--------|
| 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     | None   |
|   | advocacy 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   |

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ICMJE DISCLOSURE FORM

Date: **Oct 31**, 2021
Your Name: **Xiao-Lin Ge**
Manuscript Title: Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness
Manuscript number (if known): **ATM-21-3957**

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| 4 | Consulting fees | None |
|   | Description                                                                 | Response |
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| 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     |
| 11| Stock or stock options                                                       | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
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ICMJE DISCLOSURE FORM

Date: Oct 31st, 2021
Your Name: Tong-Ying Zhu
Manuscript Title: Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness
Manuscript number (if known): ATM-21-3957

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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   |

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

Dr. Zhu has no conflict of interest to declare.

**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: Oct 31st, 2021
Your Name: Ying-Li Liu
Manuscript Title: Peritoneal dialysis effluent-derived exosomal miR-432: an assessment tool for peritoneal dialysis effectiveness
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| 3 | Royalties or licenses                                                                           | None                                                                            |
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Time frame: past 36 months
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