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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3. **Relevant financial activities outside the submitted work.**

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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**Definitions.**

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- **Royalties:** Funds are coming in to you or your institution due to your patent
## Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| François                   | Dépret                 | 14-January-2018 |

4. Are you the corresponding author? Yes [ ] No [✓]

5. Manuscript Title
   Is Nitric Oxide nephro- or cardioprotective?

6. Manuscript Identifying Number (if you know it)
   Blue-201812-2344LE

## 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

## Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? [ ] Yes [✓] No

## 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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Dr. Dépret has nothing to disclose.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Maxime

2. Surname (Last Name)  
   Coutrot

3. Date  
   15-January-2019

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   Is Nitric Oxide nephro- or cardioprotective?

6. Manuscript Identifying Number (if you know it)  
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**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

**Section 3. Relevant financial activities outside the submitted work.**

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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?  
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   ✔ No
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Section 6. Disclosure Statement

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Dr. Coutrot has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Matthieu
2. Surname (Last Name) Legrand
3. Date 15-January-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title
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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 |
|----------------|--------|----------------|------------------------|--------|----------|
| Sphingotec     | ☑      | ☐              | ☐                      | ☐      | Research support |
| Novartis       | ☐      | ☑              | ☐                      | ☐      | consulting fees |
| Baxter         | ☐      | ☑              | ☐                      | ☐      | Lecture fees   |
| Fresenius      | ☐      | ☑              | ☐                      | ☐      | Lecture fees   |
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Dr. Legrand reports grants from Sphingotec, personal fees from Novartis, personal fees from Baxter, personal fees from Fresenius, outside the submitted work.

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