ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

4. Relationships not covered above.
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Tabibzadeh
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date         |
|---------------------------|------------------------|-----------------|
| Nahid                     | Tabibzadeh             | 31-July-2019    |

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

Corresponding Author’s Name  
Benjamin G Chousterman

5. Manuscript Title  
Delaying Renal Replacement Therapy Could be Harmful in Patients with Acute Brain Injury

6. Manuscript Identifying Number (if you know it)  
Blue-201903-0527LE

**Section 2. The Work Under Consideration for Publication**

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

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

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

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - [ ] Yes  
   - [x] No
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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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Dr. Tabibzadeh has nothing to disclose.

### Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Benjamin Glenn

2. Surname (Last Name)  
CHOUSTERMAN

3. Date  
31-July-2019

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

5. Manuscript Title  
Delaying Renal Replacement Therapy Could Be Harmful in Patients with Acute Brain Injury

6. Manuscript Identifying Number (if you know it)  
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Dr. CHOUSTERMAN has nothing to disclose.

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## Identifying Information

1. **Given Name (First Name)**  
   Charles

2. **Surname (Last Name)**  
   DAMOISEL

3. **Date**  
   31-July-2019

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

   **Corresponding Author’s Name**  
   Ben Chousterman

5. **Manuscript Title**  
   Delaying Renal Replacement Therapy Could Be Harmful in Patients with Acute Brain Injury

6. **Manuscript Identifying Number (if you know it)**  
   RCCM2019030527LE

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Dr. DAMOISEL 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) Matthieu
2. Surname (Last Name) JAMME
3. Date 01-August-2019

4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Benjamin Chousterman

5. Manuscript Title Delaying Renal Replacement Therapy Could Be Harmful in Patients with Acute Brain Injury

6. Manuscript Identifying Number (if you know it) RCCM2019030527LE

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Are there any relevant conflicts of interest? ☑ No

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Are there any relevant conflicts of interest? ☑ No

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Dr. JAMME has nothing to disclose.

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BARTHELEMY
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Romain
2. Surname (Last Name)  BARTHELEMY
3. Date  01-August-2019
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name
Benjamin Chousterman

5. Manuscript Title
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RCCM2019030527LE

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Dr. BARTHELEMY has nothing to disclose.

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Grant: A grant from an entity, generally [but not always] paid to your organization
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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)  
   Samuel

2. Surname (Last Name)  
   GAUGAIN

3. Date  
   02-August-2019

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author's Name  
   Benjamin Chousterman

5. Manuscript Title  
   Delaying Renal Replacement Therapy Could Be Harmful in Patients with Acute Brain Injury

6. Manuscript Identifying Number (if you know it)  
   RCCM2019030527LE

## 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.)?

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Dr. GAUGAIN has nothing to disclose.

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