ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.
Identifying Information

1. Given Name (First Name)  
Ali

2. Surname (Last Name)  
Gharavi

3. Date  
02-March-2015

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

5. Manuscript Title  
Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<th>Name of Institution/Company</th>
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Section 3.
Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
☐ Yes  ✅ No

Section 4.
Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✅ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Gharavi reports grants from NIH/NIDDK, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Miguel

2. Surname (Last Name)  
Verbitsky

3. Date  
02-March-2015

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

Corresponding Author’s Name  
Gharavi

5. Manuscript Title  
Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

6. Manuscript Identifying Number (if you know it)  
80877-CMED-1

Section 2. The Work Under Consideration for Publication

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Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Simone

2. Surname (Last Name)  
Sanna-Cherchi

3. Date  
04-March-2015

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

Corresponding Author’s Name
Gharavi

5. Manuscript Title
Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

6. Manuscript Identifying Number (if you know it)
80877-CMED-1

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☑ Yes  ☐ No

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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sanna-Cherchi reports grants from NIH/NIDDK, grants from American Heart Association, grants from NY State ECRIP, during the conduct of the study;

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Fasel

3. Date  
   04-March-2015

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Gharavi

5. Manuscript Title  
   Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

6. Manuscript Identifying Number (if you know it)  
   80877-CMED-1

**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

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

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Dr. Fasel 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)  
   Anna

2. Surname (Last Name)  
   Köttgen

3. Date  
   04-March-2015

4. Are you the corresponding author?  
   Yes ☑ No
   Corresponding Author's Name  
   Gharavi

5. Manuscript Title  
   Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

6. Manuscript Identifying Number (if you know it)  
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Yes ☑ No

Are there any relevant conflicts of interest?  
Yes ☑ No

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Generate Disclosure Statement

Dr. Köttgen reports grants from German Research Foundation, grants from subcontract with NIH/NIDDK, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Krzysztof

2. Surname (Last Name)  
Kiryluk

3. Date  
03-March-2015

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Gharavi

5. Manuscript Title  
Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

6. Manuscript Identifying Number (if you know it)  
80877-CMED-1

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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

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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Kiryluk reports grants from NIH/NIDDK, grants from American Society of Nephrology, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Brynn
2. Surname (Last Name)  Levy
3. Date  04-March-2015
4. Are you the corresponding author?  Yes  ☑ No  Corresponding Author's Name  Gharavi
5. Manuscript Title  Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease
6. Manuscript Identifying Number (if you know it)  80877-CMED-1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  ☑ No

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Dr. Levy has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alison

2. Surname (Last Name)    
   Abraham

3. Date                    
   04-March-2015

4. Are you the corresponding author?  
   ☑ Yes   No
   Corresponding Author's Name  
   Gharavi

5. Manuscript Title  
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Dr. Abraham has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthias
2. Surname (Last Name)  Wuttke
3. Date  05-March-2015
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  Gharavi
5. Manuscript Title  Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease
6. Manuscript Identifying Number (if you know it)  80877-CMED-1

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Generate Disclosure Statement

Dr. Wuttke has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Craig
2. Surname (Last Name) Wong
3. Date 04-March-2015

4. Are you the corresponding author? Yes ☑ No
   Corresponding Author's Name Gharavi

5. Manuscript Title
   Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

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

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

3. **Date**  
   05-March-2015

4. **Are you the corresponding author?**  
   Yes □  No □  
   **Corresponding Author’s Name**  
   Gharavi

5. **Manuscript Title**  
   Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

6. **Manuscript Identifying Number (if you know it)**  
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**Are there any relevant conflicts of interest?**  
Yes □  No □

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**Are there any relevant conflicts of interest?**  
Yes □  No □

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Yes □  No □
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Dr. Furth has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Bradley
2. Surname (Last Name)  Warady
3. Date  03-May-2015
4. Are you the corresponding author?  No
  Corresponding Author’s Name  Gharavi
5. Manuscript Title
  Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease
6. Manuscript Identifying Number (if you know it)
  80877-CMED-1

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Frederick

2. Surname (Last Name)  
Kaskel

3. Date  
03-May-2015

4. Are you the corresponding author?  
Yes  No  
Corresponding Author’s Name  
Gharavi

5. Manuscript Title  
Chromosomal Microarrays for the Diagnosis of Pediatric Chronic Kidney Disease

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80877-CMED-1

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