

## **ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

### **INSTRUCTIONS:**

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 has five parts.

#### **1. Identifying information.**

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

#### **2. The work under consideration for publication.**

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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### Section 1. Identifying Information

Given Name:  Surname:  Effective Date:

(or first)

(or last)

Effective Date:

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Corresponding author's name:

Manuscript Title:

Manuscript Identifying Number (if you know it):

### Section 2. Information about the support of the work under consideration for publication

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No

Yes, specify nature of compensation

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If you have more than one relationship, click "Add +" to add a row. Click "Del x" to delete an extra row.

Type of Relationships (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
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						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
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						Add +
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						Add +
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						Add +
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Format example: 07-August-2008

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						Add +
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
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Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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### Section 1. Identifying Information

Given Name:  
(or first)

ning

Surname:  
(or last)

sun

Effective Date:

05-November-2009

Format example: 07-August-2008

Are you the corresponding author?  Yes  No

Corresponding author's name:

ying shen

Manuscript Title:

Renal Histopathological Follow-up of an Infant Recovered from Acute Renal Failure Associated with Melamine Contaminated Milk Powder

Manuscript Identifying Number (if you know it):

09-09177.R2

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