ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Olivia Lenoir

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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.

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		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**	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Paris cite University	Payment to institution
		French research Agency (ANR)	Payment to institution
		French Society of Nephrology (SFNDT)	Payment to institution
3	Royalties or licenses	☒ **None**	

		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)
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**	
		National Science Poland	Payment to me
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**	

		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)
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 place an "X" next to the following statement to indicate your agreement:

☒ 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: 10/20/2025

Your Name: Florence Morin

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Anouk Walter-Petrich

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Resmini Léa

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		French National Institute of Health and Medical Research (INSERM, France)	Employed by the French National Institute of Health and Medical Research (INSERM, France), with salary support from the French National Research Agency (ANR).
		French National Research Agency (ANR)	

		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)
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**	
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,	☒ **None**	

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	society, committee or advocacy group, paid or unpaid		
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: 10/21/2025

Your Name: M ZAIDAN

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Nassim MAHTAL

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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		Lefoulon-Delalande grant, from Institut de France	
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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Sophie Ferlicot

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Victor G. Puelles

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Nicola Wanner

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Julien DANG

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

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ICMJE DISCLOSURE FORM

Date: 10/23/2025

Your Name: Thibaut D'IZARNY-GARGAS

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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			Click the tab key to add additional rows.
Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	
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**	

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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 place an "X" next to the following statement to indicate your agreement:

☒ 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: 10/20/2025

Your Name: Jana Biermann

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/24/2025

Your Name: Benjamin IZAR

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Stephanie Baron

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/26/2025

Your Name: Benjamin TERRIER

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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4	Consulting fees	☐ **None**	
		GSK	To myself
		AstraZeneca	To myself
		Novartis	To myself
		CSL Vifor	To myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		GSK	To myself
		AstraZeneca	To myself
		Novartis	To myself
		CSL Vifor	To myself
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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		Amgen	To myself
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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Massy Ziad

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Marie ESSIG

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/25/2025

Your Name: Aymeric Couturier

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/25/2025

Your Name: Olivia MAY

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/24/2025

Your Name: Xavier BELENFANT

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Buob

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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			Click the tab key to add additional rows.
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**	

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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**	
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**	

		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)
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 place an "X" next to the following statement to indicate your agreement:

☒ 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: 10/20/2025

Your Name: BROCHERIOU Isabelle

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: IZZEDINE

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/23/2025

Your Name: Yannis Lombardi

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Helene FRANCOIS

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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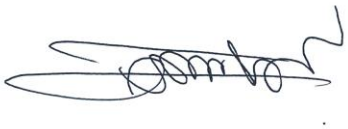

ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Anissa Moktefi

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Vincent AUDARD

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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7	Support for attending meetings and/or travel	☐ **None**	
		Sanofi Vifor	
8	Patents planned, issued or pending	☐ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Alnylam	
		Vifor	
		Astrazeneca	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Aurélie Sannier

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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		Astellas	To me
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Eric DAUGAS

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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4	Consulting fees	☐ **None**	
		GSK, Roche Genentech	To me
		Astra Zeneca, Novartis	To me
		AMGEN, Otsuka	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		GSK, Astra Zeneca, Otsuka	To me
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		GSK, Otsuka, Astra Zeneca, CSL VIFOR, Alexion	To me
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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Matthieu Jamme

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Guylaine Henry

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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			Click the tab key to add additional rows.
		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**	

		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)
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**	
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**	

		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)
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 place an "X" next to the following statement to indicate your agreement:

☒ 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: 10/20/2025

Your Name: Isabelle De Gouville

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Catherine Marie

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/24/2025

Your Name: Laurence Homyrda

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: VERSTUYFT

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/24/2025

Your Name: Sarah Tubiana

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/22/2025

Your Name: Ouifiya Kafif

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/22/2025

Your Name: Valentine PIQUARD

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/18/2025

Your Name: Maxime Dougados

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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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**	

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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: 10/21/2025
Your Name: Tobias B.Huber
Manuscript Title: Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death
Manuscript number (if known): 198244-INS-CRPH-RV-2

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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.**		TBH was supported by the DFG (CRC1192, CRC/TRR 422, CRC 1453, CRC 1648, RU 521), by the BMBF (STOP-FSGS-01GM2202A, NephrESA-031L0191E and UPTAKE-01EK2105D), by the Else-Kröner Fresenius Foundation (Else Kröner-Program-iPRIME), by the European Research Council-ERC (CureFSGS, Project: 101141768) and by the Horizon Europe Framework Programme (Project: 101095146-Prime-CKD).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	**__x__yes**	
		Amicus Therapeutics	
		Genzyme/Sanofi	
		Fresenius Medical Care	
3	Royalties or licenses	**__x__None**	
4	Consulting fees	**__x__Yes**	
		Alexion Pharma Germany	
		AstraZeneca	

		Bayer	
		Beren Therapeutics	
		Boehringer Ingelheim Pharma	
		DaVita	
		Fresenius Medical Care	
		Euroimmun	
		NIPOKA	
		Novartis Pharma	
		Otsuka	
		Pfizer Pharma	
		RenoVate Therapeutics	
		Retrophin-Travere	
		Sanofi	
		Vera Therapeutics	
		Vifor Pharma	
		Vivoryon	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	**__x__Yes**	
		Alexion Pharma Germany	
		AstraZeneca	
		Bayer	
		Beren Therapeutics	
		Boehringer Ingelheim Pharma	
		DaVita	
		Fresenius Medical Care	
		Euroimmun	
		NIPOKA	
		Novartis Pharma	
		Otsuka	
		Pfizer Pharma	
		RenoVate Therapeutics	
		Retrophin-Travere	
		Sanofi	
		Vera Therapeutics	
		Vifor Pharma	
		Vivoryon	
6	Payment for expert testimony	**__x__Yes**	
		Alexion Pharma Germany	
		AstraZeneca	
		Bayer	
		Beren Therapeutics	
		Boehringer Ingelheim Pharma	
		DaVita	
		Fresenius Medical Care	
		Euroimmun	
		NIPOKA	
		Novartis Pharma	
		Otsuka	
		Pfizer Pharma	

		RenoVate Therapeutics	
		Retrophin-Travere	
		Sanofi	
		Vera Therapeutics	
		Vifor Pharma	
		Vivoryon	
7	Support for attending meetings and/or travel	**__x__Yes**	
		Alexion Pharma Germany	
		AstraZeneca	
		Bayer	
		Beren Therapeutics	
		Boehringer Ingelheim Pharma	
		DaVita	
		Fresenius Medical Care	
		Euroimmun	
		NIPOKA	
		Novartis Pharma	
		Otsuka	
		Pfizer Pharma	
		RenoVate Therapeutics	
		Retrophin-Travere	
		Sanofi	
		Vera Therapeutics	
		Vifor Pharma	
		Vivoryon	
8	Patents planned, issued or pending	**__x__Yes**	European patent application EP23154267.1 “AN AAV2-VECTOR VARIANT FOR TARGETED TRANSFER OF GENES”
			European patent application EP23154266.3 “AN AAV9 CAPSID VARIANT FOR TARGETED GENE TRANSFER”
			3/2024 PAT 1878 LU “METHOD FOR THE DETECTION OF ANTIBODIES”
			European patent application EP23195461.1 “Organ Perfusion Solution”
		__x__None	
		__x__Yes	President of the International Society of Glomerular Disease
9	Participation on a Data Safety Monitoring Board or Advisory Board	**__x__Yes** **__x__None**	Editorial Board of Kidney International
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	**__x__Yes**	Advisory Board of Nature Reviews Nephrology
		__x__None	
		__x__None	
11	Stock or stock options	**__x__None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		

13	Other financial or non-financial interests		

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: 10/25/2025

Your Name: Marine Livrozet

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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.

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		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**	
			Click the tab key to add additional rows.
		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**	

		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)
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**	
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**	

		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)
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: 10/20/2025

Your Name: Jean-Sébastien HULOT

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Pliant Therapeutics	Institution
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☐ **None**	
		Bayer Pharma	Myself
		Novo nordisk	Myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Astra Zeneca	Myself
		Alnylam	Myself
		GSK	Myself
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**	
		ARGONAUT clinical trial (Academic Study)	Institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		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)
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: 10/25/2025

Your Name: Cédric Laouénan

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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3	Royalties or licenses	☒ **None**	

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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**	

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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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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Jade GHOSN

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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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**	

		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)
4	Consulting fees	☐ **None**	
		Gilead Sciences	Money paid to me
		ViiV Healthcare	Money paid to me
		GSK	Money paid to me
		Bavarian Nordic	Money paid to me
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**	

		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)
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: 10/25/2025

Your Name: France Mentré

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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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**	

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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**	
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**	

		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)
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: 10/20/2025

Your Name: KARRAS Alexandre

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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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**	
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**	

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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: 10/18/2025

Your Name: Yazdan Yazdanpanah

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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3	Royalties or licenses	☒ **None**	

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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**	
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**	

		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)
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: 10/18/2025

Your Name: Raphaël Porcher

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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			Click the tab key to add additional rows.
		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**	

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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**	
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**	

		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)
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: 10/20/2025

Your Name: Ravaud

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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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**	

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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**	
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**	

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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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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Caillat-Zucman Sophie

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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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	
			Click the tab key to add additional rows.
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**	

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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**	
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**	

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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 place an "X" next to the following statement to indicate your agreement:

☒ 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: 10/20/2025

Your Name: Xavier MARIETTE

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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.

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ICMJE DISCLOSURE FORM

Date: 10/21/2025

Your Name: Hermine

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: RESCHE-RIGON Matthieu

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Pierre-Louis Tharaux

Manuscript Title: **Levels of circulating kidney injury markers and interleukin-10 identify non-critically ill COVID-19 patients at risk of death**

Manuscript Number (if known): **198244-INS-CRPH-RV-2**

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		FRM	Grant to fund the project
		Agence Nationale de Recherches sur le Sida and emerging infectious diseases (ANRS)	Grant ANRS0147 to my Institution
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		PEC-SURF from DFG and ANR - 2025	My Institution
		THERACLU from ANR - 2025	My Institution
		CREAST2 from ANR - 2025	My Institution
3	Royalties or licenses	☒ **None**	

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		Vifor	Myself
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