ICMJE DISCLOSURE FORM

**Date:** 8\(^{th}\) April 2021  
**Your Name:** Xiaoqiang Xue  
**Manuscript Title:** Risk factors of postoperative ileus following laparoscopic radical cystectomy and developing a points-based risk assessment scale  
**Manuscript number (if known):** TAU-21-112

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| 6 | Payment for expert testimony                                    | _X__None |
| 7 | Support for attending meetings and/or travel                    | _X__None |
| 8 | Patents planned, issued or pending                              | _X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory     | _X__None |
|   | Board or Advisory Board                                         |   |
| 10| Leadership or fiduciary role in other board, society,           | _X__None |
|   | committee or advocacy group, paid or unpaid                      |   |
| 11| Stock or stock options                                         | _X__None |
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**ICMJE DISCLOSURE FORM**

**Date:** 8th April 2021  
**Your Name:** Dong Wang  
**Manuscript Title:** Risk factors of postoperative ileus following laparoscopic radical cystectomy and developing a points-based risk assessment scale  
**Manuscript number (if known):** TAU-21-112

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Date: 8\textsuperscript{th} April 2021
Your Name: Zhigang Ji
Manuscript Title: Risk factors of postoperative ileus following laparoscopic radical cystectomy and developing a points-based risk assessment scale
Manuscript number (if known): ________________ TAU-21-112________________________________________________

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Date: 8th April 2021
Your Name: Yi Xie
Manuscript Title: Risk factors of postoperative ileus following laparoscopic radical cystectomy and developing a points-based risk assessment scale
Manuscript number (if known): _______________ TAU-21-112________________________________________________

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