ICMJE DISCLOSURE FORM

Date: _____ Apr 18th, 2021____
Your Name: __ Tao Wang__
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
Manuscript number (if known): ____________________________________________

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) |
|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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. | ___X__ None                                                                      |
|   | Time frame: Since the initial planning of the work                                                                                                           |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                     | ___X__ None                                                                      |
| 3 | Royalties or licenses                                                                                                                                           | ___X__ None                                                                      |
| 4 | Consulting fees                                                                                                                                                | ___X__ None                                                                      |
|   | Time frame: past 36 months                                                                                                                                       |                                                                                   |
|   | Description                                                                 | X | Comment |
|---|------------------------------------------------------------------------------|---|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None    |
| 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 Board             | X | None    |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None    |
| 11| Stock or stock options                                                       | X | None    |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None    |
| 13| Other financial or non-financial interests                                    | X | None    |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

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Date:______Apr. 18th, 2021____
Your Name:__Zhe Yu__
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
Manuscript number (if known):__________________________________________________________________

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|   |                                                                                                    |                                                                                   |
| 3 | Royalties or licenses | _X_ None<br>                                                                         |
|   |                                                                                                    |                                                                                   |
| 4 | Consulting fees | _X_ None<br>                                                                          |

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Date:______Apr. 18th, 2021____
Your Name:__Zhuo Liu__
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
Manuscript number (if known):________________________________________

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Date:______Apr. 18th, 2021____
Your Name:___Xiaming Liu___
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
Manuscript number (if known):__________________________________________________________

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| 3 | Royalties or licenses                                                                           | __X__None                                                                        |
| 4 | Consulting fees                                                                                 | __X__None                                                                        |
|   |                                                               | __X__None |
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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 |
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|11 | Stock or stock options                                       | __X__None |
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Date: _____ Apr. 18th, 2021 _____
Your Name: _____ Mingchao Li _____
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
Manuscript number (if known): ________________________________________________________________

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|   |                                                                                           | Time frame: past 36 months                                                        |
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|   |                                                                                           |                                                                                  |
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|   |                                                                                           |                                                                                  |
| 4 | Consulting fees                                                                            | _X_ None                                                                          |
|   | Description                                                                 | X | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 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 |
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| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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Date:______Apr. 18th, 2021____
Your Name:___Longjie Gu___
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
Manuscript number (if known):______________________________________________________________

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11| Stock or stock options                                                       | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
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Date:____Apr. 18th, 2021____
Your Name:___Ruzhu Lan___
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
Manuscript number (if known):____________________________________________________

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Date:____Apr. 18th, 2021____
Your Name:___Shaogang Wang___
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
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Date:______Apr. 18th, 2021____
Your Name:___Jun Yang__
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
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Date:______Apr. 18th, 2021____
Your Name:___Jihong Liu___
Manuscript Title: Intra-abdominal robot-assisted vasovasostomy of obstructive azoospermia in an Asian population following multiple bilateral inguinal herniorrhaphy in childhood: a case report and literature review
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|   |                                                                                                 |                                                                                      |
| 4 | Consulting fees                                                                                | _X__None                                                                            |
|   |                                                                                                 |                                                                                      |
Please summarize the above conflict of interest in the following box:

None.

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.