ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
   
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4. Intellectual Property.
   
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Neil
2. Surname (Last Name) Kocher
3. Date 20-March-2020
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Jay D. Raman

5. Manuscript Title
   Incidence and preoperative predictors for major complications following radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)
   TAU-2019-UTUC-01 (TAU-19-547)

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Dr. Kocher 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)  
   David

2. Surname (Last Name)  
   Canes

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Jay D. Raman

5. Manuscript Title  
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Karim                      | Bensalah               | 20-March-2020 |

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Jay D. Raman

5. Manuscript Title

Incidence and preoperative predictors for major complications following radical nephroureterectomy

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TAU-2019-UTUC-01 (TAU-19-547)

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Dr. Bensalah has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Morgan                     | Roupret                | 20-March-2020 |

4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name

Jay D. Raman

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

TAU-2019-UTUC-01 (TAU-19-547)

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Dr. Roupret has nothing to disclose.

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1. Given Name (First Name)  
   Costas

2. Surname (Last Name)  
   Lallas

3. Date  
   20-March-2020

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   [x] No

Corresponding Author’s Name  
Jay D. Raman

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

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**Royalties:** Funds are coming in to you or your institution due to your patent
### Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date               |
|---------------------------|------------------------|-----------------------|
| Vitaly                    | Margulis               | 20-March-2020         |

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

Corresponding Author's Name  
Jay D. Raman

5. Manuscript Title  
Incidence and preoperative predictors for major complications following radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)  
TAU-2019-UTUC-01 (TAU-19-547)

### 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

### Relevant financial activities outside the submitted work.

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

### 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

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Margulis 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)  
   Shahrokh

2. Surname (Last Name)  
   Shariat

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Jay D. Raman

5. Manuscript Title  
   Incidence and preoperative predictors for major complications following radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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   [x] No

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   [ ] Yes  
   [x] No

**Section 4. Intellectual Property -- Patents & Copyrights**

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   [ ] Yes  
   [x] No
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Dr. Shariat 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) | Pierre |
|----------------------------|-------|
| 2. Surname (Last Name)    | Colin |
| 3. Date                    | 20-March-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   Corresponding Author’s Name  
   Jay D. Raman

5. Manuscript Title  
   Incidence and preoperative predictors for major complications following radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)  
   TAU-2019-UTUC-01 (TAU-19-547)

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Dr. Colin 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)  
Surena

2. Surname (Last Name)  
Matin

3. Date  
20-March-2020

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

Corresponding Author’s Name  
Jay D. Raman

5. Manuscript Title  
Incidence and preoperative predictors for major complications following radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)  
TAU-2019-UTUC-01 (TAU-19-547)

Section 2. The Work Under Consideration for Publication

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☐ Yes  
☑ No

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

Section 3. Relevant financial activities outside the submitted work.

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☑ 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

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Dr. Matin 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)  Chad
2. Surname (Last Name)     Tracy
3. Date                   20-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Incidence and preoperative predictors for major complications following radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)
   TAU-2019-UTUC-01 (TAU-19-547)

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. Tracy 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) Chad

2. Surname (Last Name) Tracy

3. Date 20-March-2020

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

Corresponding Author's Name
Jay D. Raman

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
TAU-2019-UTUC-01 (TAU-19-547)

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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

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

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Tracy has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew  

2. Surname (Last Name)  
   Wagner  

3. Date  
   20-March-2020  

4. Are you the corresponding author?  
   ☑ No  

   Corresponding Author's Name  
   Jay D. Raman  

5. Manuscript Title  
   Incidence and preoperative predictors for major complications following radical nephroureterectomy  

6. Manuscript Identifying Number (if you know it)  
   TAU-2019-UTUC-01 (TAU-19-547)  

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   ☑ No  

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   ☑ No  

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Mathieu |
|-----------------------------|---------|
| 2. Surname (Last Name)     | Roumiguie |
| 3. Date                    | 20-March-2020 |
| 4. Are you the corresponding author? | Yes | No |
| Corresponding Author’s Name | Jay D. Raman |
| 5. Manuscript Title         | Incidence and preoperative predictors for major complications following radical nephroureterectomy |
| 6. Manuscript Identifying Number (if you know it) | TAU-2019-UTUC-01 (TAU-19-547) |

### 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. Roumiguie has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Wassim  
2. Surname (Last Name)  
   Kassouf  
3. Date  
   20-March-2020  
4. Are you the corresponding author?  
   No  
   Corresponding Author’s Name  
   Jay D. Raman  
5. Manuscript Title  
   Incidence and preoperative predictors for major complications following radical nephroureterectomy  
6. Manuscript Identifying Number (if you know it)  
   TAU-2019-UTUC-01 (TAU-19-547)

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Are there any relevant conflicts of interest?  
Yes  
No

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

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Dr. Kassouf 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) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Tobias                   | Klatte                 | 20-March-2020 |

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

Jay D. Raman

5. Manuscript Title

Incidence and preoperative predictors for major complications following radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)

TAU-2019-UTUC-01 (TAU-19-547)

## 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. Klatte has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jay

2. Surname (Last Name)  
   Raman

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title  
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