ICMJE DISCLOSURE FORM

Date:  Dec. 12<sup>th</sup>, 2021
Your Name:  Dachun Jin
Manuscript Title:  Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline Functional Outcomes after Partial Nephrectomy
Manuscript number (if known):  TAU-21-952

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.)<br>No time limit for this item. | **X** None | |
| **Time frame: past 36 months** | | |
| 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 | |
|   | Description                                                                 | None |
|---|------------------------------------------------------------------------------|------|
| 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:

_ 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:** Dec. 12th, 2021  
**Your Name:** Yong Luo  
**Manuscript Title:** Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline Functional Outcomes after Partial Nephrectomy  
**Manuscript number (if known):** TAU-21-952

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ICMJE DISCLOSURE FORM

Date:  Dec. 12th, 2021
Your Name:  Hailin Zhu
Manuscript Title: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline Functional Outcomes after Partial Nephrectomy
Manuscript number (if known):  TAU-21-952

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| **Time frame: past 36 months**                                                          |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                | __X__ None                                                                      |
| 3 | Royalties or licenses                                                                     | __X__ None                                                                      |
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| 13| Other financial or non-financial interests                                                                                      | ___X_ None |

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Date: Dec. 12th, 2021
Your Name: Yaoming Li
Manuscript Title: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline Functional Outcomes after Partial Nephrectomy
Manuscript number (if known): TAU-21-952

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|   |                                                                                               |                                                                                  |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                        |
|   |                                                                                               |                                                                                  |
| 4 | Consulting fees                                                                                | __X__ None                                                                        |
|   | Description                                                                 | Agreement | Notes |
|---|-----------------------------------------------------------------------------|-----------|-------|
| 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 |       |

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Date: Dec. 12th, 2021
Your Name: Zaoming Huang
Manuscript Title: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline Functional Outcomes after Partial Nephrectomy
Manuscript number (if known): TAU-21-952

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Date: Dec. 12th, 2021
Your Name: Yao Zhang
Manuscript Title: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline Functional Outcomes after Partial Nephrectomy
Manuscript number (if known): TAU-21-952

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|   |                                                                                                 |                                                                                                 |
| 3 | Royalties or licenses                                                                            | _X_ None                                                                                         |
|   |                                                                                                 |                                                                                                 |
| 4 | Consulting fees                                                                                | _X_ None                                                                                         |

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Date: Dec. 12th, 2021
Your Name: Jun Zhang
Manuscript Title: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline Functional Outcomes after Partial Nephrectomy
Manuscript number (if known): TAU-21-952

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Date: Dec. 12th, 2021
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**No time limit for this item.**

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).             | X None                                                                            |

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