ICMJE DISCLOSURE FORM

Date: _____Mar. 7th, 2021____
Your Name: ___Yu Liu___
Manuscript Title: __ Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients__
Manuscript number (if known): __ TAU-20-1521 __

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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|   | 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** |                                                                                           |                                                                                      |
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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                                                                               |
| 4 | Consulting fees                                                                                | _X_ None                                                                               |
|   | Description                                                                 | X  |
|---|-----------------------------------------------------------------------------|----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  |
| 6 | Payment for expert testimony                                               | X  |
| 7 | Support for attending meetings and/or travel                                | X  |
| 8 | Patents planned, issued or pending                                         | X  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X |
| 11| Stock or stock options                                                      | X  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X |
| 13| Other financial or non-financial interests                                  | X  |

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.
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Date: _____Mar. 7th, 2021____
Your Name: ___Zhongyu Jian___
Manuscript Title: _Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients_
Manuscript number (if known): _TAU-20-1521_

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| 3 | Royalties or licenses | _X__ None                                                                            |
| 4 | Consulting fees | _X__ None                                                                            |
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Date: _____Mar. 7th, 2021____
Your Name: ___Yucheng Ma___
Manuscript Title: _Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients_
Manuscript number (if known): __TAU-20-1521__

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __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: _____Mar. 7th, 2021____
Your Name: ___Yuntian Chen___
Manuscript Title: _Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients_
Manuscript number (if known): __TAU-20-1521__

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No time limit for this item. | _X__None                                                                                 |                                                                                     |
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| 3 | Royalties or licenses                                                                       | _X__None                                                                                |                                                                                     |
| 4 | Consulting fees                                                                            | _X__None                                                                                |                                                                                     |
|   |                                                                 | __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 |
| 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 |
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Date: _____Mar. 7th, 2021____
Your Name: ___Xi Jin___
Manuscript Title: _Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients_
Manuscript number (if known): __TAU-20-1521__

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Date:_____Mar. 7th, 2021_____  
Your Name:___Liang Zhou___  
Manuscript Title:_ Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients_  
Manuscript number (if known):__ TAU-20-1521 ___

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Date:_____Mar. 7th, 2021____
Your Name:___Kunjie Wang___
Manuscript Title:_ Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients_
Manuscript number (if known):_ TAU-20-1521 ___

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Date: _____Mar. 7th, 2021____
Your Name: ___Hong Li___
Manuscript Title: _ Changes of renal function after retrograde intrarenal surgery using flexible ureteroscope in renal stone patients_
Manuscript number (if known): __ TAU-20-1521 __

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