ICMJE DISCLOSURE FORM

Date: 6/14/2021
Your Name: Yucai Wu
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
Manuscript number (if known): TAU-21-252

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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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.) | _X__None                                                                          |
|   | **No time limit for this item.**                                                               |                                                                                   |
|   | **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 | 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:

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None.
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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: 6/14/2021  
Your Name: WeiJie Zhu  
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series  
Manuscript number (if known): TAU-21-252

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**Time frame: past 36 months**

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | 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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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None|
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**ICMJE DISCLOSURE FORM**

Date: **6/14/2021**

Your Name: Kunlin Yang

Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series

Manuscript number (if known): **TAU-21-252**

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   **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                                                                            |                                                                                  |
|   |   |   |
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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 |
| 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:

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ICMJE DISCLOSURE FORM

Date: 6/14/2021
Your Name: Shubo Fan
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
Manuscript number (if known): TAU-21-252

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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                                                                 | Answer |
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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 |
| 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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ICMJE DISCLOSURE FORM

Date: 6/14/2021
Your Name: Bao Guan
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
Manuscript number (if known): TAU-21-252

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

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**ICMJE DISCLOSURE FORM**

Date: 6/14/2021  
Your Name: Bingwei Huang  
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series  
Manuscript number (if known): TAU-21-252

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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 |
| 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: 6/14/2021
Your Name: Jie Wang
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
Manuscript number (if known): TAU-21-252

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|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
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ICMJE DISCLOSURE FORM

Date: 6/14/2021
Your Name: Jianxin Wang
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
Manuscript number (if known): TAU-21-252

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| 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 |
| 7 | Support for attending meetings and/or travel | ___X__ None |
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Date: 6/14/2021
Your Name: Zhihua Li
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
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| 4 | Consulting fees                                                                                 | _X__None                                                                          |
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ICMJE DISCLOSURE FORM

Date: 6/14/2021
Your Name: Hua Guan
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
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|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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ICMJE DISCLOSURE FORM

Date: 6/14/2021
Your Name: Yanbo Huang
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
Manuscript number (if known): TAU-21-252

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| 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: Since the initial planning of the work

Time frame: past 36 months
| No. | Conflict of Interest                                                                 | Agreement |
|-----|-------------------------------------------------------------------------------------|-----------|
| 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: 6/14/2021
Your Name: Zhe Li
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
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| 4 | Consulting fees | _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 |
| 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: 6/14/2021
Your Name: Peng Zhang
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
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|   | Description                                                                 |   |
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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: 6/14/2021
Your Name: Xuesong Li
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
Manuscript number (if known): TAU-21-252

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Date: 6/14/2021
Your Name: Liqun Zhou
Manuscript Title: Terminal Augmented Ureteroplasty with Bladder Onlay Flap Technique for Recurrent Distal Ureteral Stricture after Ureteroneocystostomy: An Initial Case Series
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| 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                                                                      |                                                                                 |
|   |                                                                                      | _X_ None |
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