ICMJE DISCLOSURE FORM

Date:	6/28/23
Your Name	e: Karen Doersch
Manuscrip	ot Title: Narrative Review of Flaps and Grafts in Robotic Reconstructive Urologic Surgery
Manuscrip	t 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X _None	
4	Consulting fees	X _None	

5	Payment or honoraria for	<u>X</u> _None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X _None			
	testimony				
7	Support for attending meetings and/or travel	_XNone			
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	<u>X</u> None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	<u>X</u> None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid	V Nene			
11	Stock or stock options	XNone			
12	Receipt of equipment,	X None			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	<u>X</u> _None			
	financial interests				
Plea	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:	6/28/23
Your Name	e: Laena Hines
Manuscrip	t Title: Narrative Review of Flaps and Grafts in Robotic Reconstructive Urologic Surgery
Manuscrip	t number (if known):

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Date:	6/28/23	
Your Nar	ne: <u>Divya Ajay</u>	
Manuscr	ipt Title:	Narrative Review of Flaps and Grafts in Robotic Reconstructive Urologic Surgery
Manuscr	ipt number (if I	(nown):

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