| Date: _ | Jun. 15 | th , 2022 | |
|---------|--------------|---|------|
| Your N | ame: | Masaki Nakamura | |
| Manus | cript Title: | : Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrect | tomy |
| Manus | cript num | ber (if known): _TAU-22-321-CL | |
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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>.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastXNone | 36 months |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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

| Date: | Jui | า. 15 ^{tl} | ^h , 2022 | |
|--------|----------|---------------------|---|------------|
| Your N | Name: | | Shuji Kameyama | |
| Manu | script 7 | Γitle: | Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial no | ephrectomy |
| Manu | script ı | numb | per (if known): _TAU-22-321-CL | |
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| 2 | Grants or contracts from | Time frame: past X None | 36 months |
| _ | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | |
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| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending | XNone | | |
| | meetings and/or travel | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | X None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | XNone | | |
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| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: | |
| | | | - | |
| N | None. | | | |
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| Date: Jun.: | 15 th , 2022 |
|-----------------------|---|
| Your Name: | Yoshiki Ambe |
| Manuscript Tit | le: Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrectomy |
| Manuscript nu | mber (if known): _TAU-22-321-CL |
| In the interest | of transparency, we ask you to disclose all relationships/activities/interests listed below that are |
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| to transparenc | y and does not necessarily indicate a bias. If you are in doubt about whether to list a |

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| 7 | Support for attending | XNone | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | XNone | | |
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| 12 | Receipt of equipment, | X_None | | |
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| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: | |
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| N | None. | | | |
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| Date: <u>Jun. 1</u> Your Name: | 15 th , 2022 Taro Teshima |
|-----------------------------------|---|
| • | le: Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrectomy mber (if known): _TAU-22-321-CL |
| | of transparency, we ask you to disclose all relationships/activities/interests listed below that are content of your manuscript. "Related" means any relation with for-profit or not-for-profit third |

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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|------|------------------------------|---------------------------------|------------|--|
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| 7 | Support for attending | XNone | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
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| 9 | Participation on a Data | X None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
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| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: | |
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| N | None. | | | |
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| Date: _ | Jun | . 15 th , 2 | 2022 |
|---------|----------|------------------------|--|
| Your N | ame: _ | Та | aro Izumi |
| Manus | cript Ti | itle: Pr | redictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrectom |
| Manus | cript n | umber | r (if known): _TAU-22-321-CL |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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| N | one. | | |
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|------------------------|--|---|---|-----|--|
| Date | e: Jun. 15 th , 2022 | | | | |
| | ır Name: <u>Ibuki Tsuru</u> | | | | |
| Mar | | | nction after off-clamp, non-renorrhaphy partial nephrect | omy | |
| iviai | nuscript number (ii known)1 | 1110-22-321-CL | | | |
| relat part to tr | n the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are elated 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 o transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a elationship/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</u> manuscript only. | | | | |
| to th | 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. | | | | |
| | tem #1 below, report all support time frame for disclosure is the | • | in this manuscript without time limit. For all other ite | ms, | |
| | w | lame all entities with whom you have this elationship or indicate | Specifications/Comments (e.g., if payments were made to you or to your institution) | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
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| | | Time frame: past | 36 months |
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| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
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| | manuscript writing or | | |
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| | testimony | | |
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| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
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| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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| N | one. | | |
| | | | |

| Date: <u>Jun. 15</u> | th , 2022 |
|----------------------|---|
| Your Name: | Yasushi Inoue |
| Manuscript Title | : Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrectomy |
| Manuscript num | ber (if known): _TAU-22-321-CL |
| | |
| related to the co | transparency, we ask you to disclose all relationships/activities/interests listed below that are ntent of your manuscript. "Related" means any relation with for-profit or not-for-profit third terests may be affected by the content of the manuscript. Disclosure represents a commitment |

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| | | | |
| 8 | Patents planned, issued or | XNone | |
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| | | | |
| 9 | Participation on a Data | X None | |
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| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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| N | one. | | |
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| Date: <u>Jun.</u> | 15 th , 2022 |
|-----------------------|--|
| Your Name: | Tadashi Yoshimatsu |
| Manuscript Tit | le: Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrectomy |
| Manuscript nu | mber (if known): _TAU-22-321-CL |
| | |
| | of transparency, we ask you to disclose all relationships/activities/interests listed below that are |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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|--|---|--|--|
| Date: <u>Jun. 15th, 2022</u> | | | |
| Your Name: Hiroki Inatsu | | | |
| Manuscript Title: Predictive factors f | for postoperative renal fu | nction after off-clamp, non-renorrhaphy partial nephrectomy | |
| Manuscript number (if known): _T | Manuscript number (if known): _TAU-22-321-CL | | |
| In the interest of transparency we | ack you to disclose all r | plationships (activities (interests listed below that are | |
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| to transparency and does not necestrelationship/activity/interest, it is presented to transparency and does not necestrely interest. | • | f you are in doubt about whether to list a o. | |
| The following questions apply to th manuscript only. | ne author's relationships | a/activities/interests as they relate to the <u>current</u> | |
| • | on, you should declare a | efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript. | |
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| Na | ame all entities with | Specifications/Comments | |
| wi | hom you have this | (e.g., if payments were made to you or to your | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastXNone | 36 months |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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

| Date | e: <u>Jun. 15th, 2022</u> | | |
|------------------------|---|--|---|
| | Name: Ryo Amakaw | a | |
| | | | unction after off-clamp, non-renorrhaphy partial nephrectomy |
| | uscript number (if known) | | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 |
| | | | |
| relat part to tr | ted to the content of your i ies whose interests may be ansparency and does not r | manuscript. "Related" mear a affected by the content of | elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. |
| | following questions apply tuscript only. | to the author's relationship | s/activities/interests as they relate to the <u>current</u> |
| to th | ne epidemiology of hyperte | | efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript. |
| | em #1 below, report all sup time frame for disclosure is | • | in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this | (e.g., if payments were made to you or to your |
| | | relationship or indicate | institution) |
| | | none (add rows as | |
| | | needed) | |

| | | 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 initia | l planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|------|------------------------------|---------------------------------|------------|
| | lectures, presentations, | | |
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| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
| | | | - |
| N | one. | | |
| | | | |

| Your Name: | Masashi Kusakabe | |
|--|--|----|
| - | le: Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrector mber (if known): _TAU-22-321-CL | ıу |
| related to the parties whose to transparence | of transparency, we ask you to disclose all relationships/activities/interests listed below that are content of your manuscript. "Related" means any relation with for-profit or not-for-profit third interests may be affected by the content of the manuscript. Disclosure represents a commitment by and does not necessarily indicate a bias. If you are in doubt about whether to list a ctivity/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</u> <u>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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
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| 12 | Receipt of equipment, | X_None | |
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| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
| | | | - |
| N | one. | | |
| | | | |

| Date: <u>Jun</u> | ı. 15 th , 2022 | |
|------------------|--|-------------------|
| Your Name: _ | Teppei Morikawa | |
| Manuscript T | itle: Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy pa | rtial nephrectomy |
| Manuscript n | number (if known): _TAU-22-321-CL | |
| | | |
| | st of transparency, we ask you to disclose all relationships/activities/interests listed be e content of your manuscript. "Related" means any relation with for-profit or not-for-p | |

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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
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| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
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| | committee or advocacy | | |
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| | | | |
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| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
| | | | - |
| N | one. | | |
| | | | |

| Date: Jun. 15 | th , 2022 |
|--------------------|--|
| Your Name: | Yoshiyuki Shiga |
| Manuscript Title | : Predictive factors for postoperative renal function after off-clamp, non-renorrhaphy partial nephrectomy |
| Manuscript num | ber (if known): _TAU-22-321-CL |
| | |
| In the interest of | transparency, we ask you to disclose all relationships/activities/interests listed below that are |
| related to the co | ntent of your manuscript. "Related" means any relation with for-profit or not-for-profit third |
| parties whose in | terests 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 |

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| 6 | Payment for expert | XNone | | | | |
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| | | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | | |
| | meetings and/or traver | | | | | |
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| | | | | | | |
| 8 | Patents planned, issued or | X None | | | | |
| | pending | | | | | |
| | | | | | | |
| 9 | Participation on a Data | X None | | | | |
| 9 | Safety Monitoring Board or | XNone | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| 10 | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | X None | | | | |
| | Stock of Stock options | XNone | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | X_None | | | | |
| 12 | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 12 | | V None | | | | |
| 13 | Other financial or non- financial interests | XNone | | | | |
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| Dles | Digase summarize the above conflict of interest in the following how | | | | | |
| Please summarize the above conflict of interest in the following box: | | | | | | |
| N | None. | | | | | |
| '' | | | | | | |