## **ICMJE DISCLOSURE FORM**

Date:	Sep. 6-2022
Your Name:_	Koji Iinama
Manuscript T	e: The effectiveness of Off-clamp and non-renorrhaphy technique regarding postoperative renal function
in patients w	partial nephrectomy
Manuscript r	nber (if known): TAU-22-571

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</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.

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.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_V None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	_	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	V None	
	testimony	_ <u></u>	
	testimony		
		1	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	V_None	
	Safety Monitoring Board or		
	Advisory Board	,	
10	Leadership or fiduciary role	None	
10		None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		(	
12	Receipt of equipment,	1/ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
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13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
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Please place an "X" next to the following statement to indicate your agreement:

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**

Da	te: $\frac{Sep/4/202}{Kei}$	2		
You	ur Name: Kei-	ta Watane		_
		•	n-renorrhaphy technique regarding postoperative ren	al function
in į	patients with partial nephre	ctomy		
Ma	nuscript number (if known)	: TAU-22-571		
rela par to	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	I relationships/activities/interests listed below that a cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitme . If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to	•	ension, you should declare	defined broadly. For example, if your manuscript per all relationships with manufacturers of antihyperter the manuscript.	
	tem #1 below, report all su time frame for disclosure i	• •	ed in this manuscript without time limit. For all other	items,
		Name all entities with	Specifications/Comments	7
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		-
		Time frame: Since the initia	il planning of the work	
1	All support for the present	<u> </u>		4
	manuscript (e.g., funding,			-
	provision of study materials, medical writing, article			1

Time frame: past 36 months

 $\bigvee$  None

<u></u> √ None

✓ None

processing charges, etc.)

No time limit for this item.

Grants or contracts from any entity (if not indicated

in item #1 above).
Royalties or licenses

Consulting fees

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5	Payment or honoraria for	<u>V</u> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	√ None
	testimony	
	,	
_	Support for attending	V None
7		<u>V</u> None
	meetings and/or travel	
	D-ttld	i/ Name
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	<u> </u>
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
10		None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	V N
11	Stock or stock options	None
12	Receipt of equipment,	V None
	materials, drugs, medical	
	writing, gifts or other	
	services	
40		
13	Other financial or non-	<u> </u>
	financial interests	
Ple	ease summarize the above o	onflict of interest in the following box:
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## **ICMJE DISCLOSURE FORM**

Date: 6/54/2022	
Your Name: Toby & b	
Manuscript Title: The effectiveness of Off-clamp and non-renorrhaphy technique regarding postoperative renal f	unction
in patients with partial nephrectomy	
Manuscript number (if known): TAU-22-571	

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	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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		Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>✓</u> None	
		1	
4	Consulting fees	V_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None
	manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	<u>√</u> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	
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	_i_None
Ple	ase summarize the above c	onflict of interest in the following box:

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