

ICMJE DISCLOSURE FORM

Date: July 20, 2022

Your Name: Shi-Qin Yang

Manuscript Title: Educational value assessment of YouTube surgical videos of green light laser vaporization of the prostate

Manuscript 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 current manuscript only.

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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.) No time limit for this item.	<u>__X__</u> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

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ICMJE DISCLOSURE FORM

Date: July 20, 2022

Your Name: Yuan-zhuo Chen

Manuscript Title: Educational value assessment of YouTube surgical videos of green light laser vaporization of the prostate

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ICMJE DISCLOSURE FORM

Date: July 20, 2022

Your Name: Liao Peng

Manuscript Title: Educational value assessment of YouTube surgical videos of green light laser vaporization of the prostate

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 20, 2022

Your Name: Wei Wang

Manuscript Title: Educational value assessment of YouTube surgical videos of green light laser vaporization of the prostate

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ICMJE DISCLOSURE FORM

Date: July 20, 2022

Your Name: Jia-wei Chen

Manuscript Title: Educational value assessment of YouTube surgical videos of green light laser vaporization of the prostate

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Date: July 20, 2022

Your Name: Yang Fan

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Date: July 20, 2022

Your Name: De-yi Luo

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