Date:Nov 8th,2022
/our Name:Aimei Lu
Manuscript Title:Asymptomatic Rosai-Dorfman-Destombes disease presenting as isolated bilateral
perinephric infiltration: A case report and review of the literature
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 <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)	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.	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,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	X None	
,	meetings and/or travel		
	meetings and or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
· <u> </u>			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:	Nov 10th,2022
Your Name:	Xiaohong Xie
Manuscript Ti	tle:Asymptomatic Rosai-Dorfman-Destombes disease presenting as isolated bilateral
perinephric in	filtration: A case report and review of the literature
Manuscript nu	umber (if known):

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	X None	
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	meetings and or traver		
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	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	services		
13	Other financial or non-	XNone	
	financial interests		
· <u> </u>			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:Nov 10th,2022
Your Name:Jinyan Han
Manuscript Title:Asymptomatic Rosai-Dorfman-Destombes disease presenting as isolated bilateral
perinephric infiltration: A case report and review of the literature
Manuscript number (if known):

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6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	X None	
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	meetings and or traver		
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	materials, drugs, medical		
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13	Other financial or non-	XNone	
	financial interests		
· <u> </u>			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:	Nov 10th,2022
Your Name:	Jingjing Yu
Manuscript	tle:Asymptomatic Rosai-Dorfman-Destombes disease presenting as isolated bilateral
perinephric	filtration: A case report and review of the literature
Manuscript	umber (if known):

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	educational events		
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	testimony		
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7	Support for attending	X None	
,	meetings and/or travel		
	meetings and or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
· <u> </u>			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:N	ov 10th,2022
Your Name:	Xiangcheng Qin
Manuscript Tit	e:Asymptomatic Rosai-Dorfman-Destombes disease presenting as isolated bilateral
perinephric inf	Itration: A case report and review of the literature
Manuscript nu	mber (if known):

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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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13	Other financial or non-	XNone	
	financial interests		
· <u> </u>			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Date:Nov 10th,2022
Your Name:Ping Xu
Manuscript Title:Asymptomatic Rosai-Dorfman-Destombes disease presenting as isolated bilateral
perinephric infiltration: A case report and review of the literature
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 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 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 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 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests Please summarize the above conflict of interest in the following box:				
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Services Other financial or non-financial interests Please summarize the above conflict of interest in the following box:	services Other financial or non- financial interests Please summarize the above conflict of interest in the following box:		materials, drugs, medical		
Other financial or non-financial interests None Please summarize the above conflict of interest in the following box:	Other financial or non-financial interests XNone Please summarize the above conflict of interest in the following box:		writing, gifts or other		
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Please summarize the above conflict of interest in the following box:	Please summarize the above conflict of interest in the following box:	13	Other financial or non-	XNone	
	_		financial interests		
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None	None	_			
			None		