| Date | e:2023/04, | /10 | |
|---|---|---|---|
| | Name:Jingxi Wan | | |
| Man | uscript Title: _Effects of cle | an intermittent catheteriz | ation and transurethral indwelling catheterization on the |
| man | agement of urinary retention | on after gynecological surg | gery: a systematic review and meta-analysis |
| Man | uscript number (if known): | | |
| relate partito trelate The man The to the med | ted to the content of your naies whose interests may be ansparency and does not notionship/activity/interest, it following questions apply touscript only. author's relationships/activite epidemiology of hyperterication, even if that medical | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship rities/interests should be on nsion, you should declare a tion is not mentioned in the port for the work reported | os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |
| | inite traine for disclosure is | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | needed) | |
| | | Time frame: Since the initia | I 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 | XNone | |
| 0 | testimony | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
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| 8 | Patents planned, issued or | X None | |
| 0 | | XNotie | |
| | 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 | X None | |
| | Stock of Stock options | | |
| | | | |
| 12 | Possint of aguinment | X None | |
| 12 | Receipt of equipment, | ^_NOTIE | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date | e:2023/04, | /10 | |
|--|--|---|---|
| | r Name: Mei Feng | | |
| | | | ation and transurethral indwelling catheterization on the |
| mar | nagement of urinary retention | on after gynecological surg | ery: a systematic review and meta-analysis |
| Mar | nuscript number (if known): | | |
| rela part to to to rela The mar The to | ted to the content of your name ites whose interests may be transparency and does not not itenship/activity/interest, it following questions apply to author's relationships/activity author's relationships/activity epidemiology of hypertendication, even if that medicatem #1 below, report all supports and the support all supports and the supports are supports and the supports and the supports and the supports are supports and the supports and the supports are supports and the supports and the supports are supports and supports are supports are supports and supports are supports and supports are supports are supports and supports are supports are supports and supports are supports are supports are supports are supports are supports are supports | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship rities/interests should be on nsion, you should declare a tion is not mentioned in the port for the work reported | os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |
| tne | time frame for disclosure is | 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) | |
| | | 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, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | XNone | |
| | testimon, | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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| None | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date | e:2023/04 _/ | /10 | |
|---|---|---|---|
| | Name: Ting Liao _ | | |
| Man | uscript Title: _Effects of cle | an intermittent catheteriz | ation and transurethral indwelling catheterization on the |
| man | agement of urinary retention | on after gynecological surg | gery: a systematic review and meta-analysis |
| Man | uscript number (if known): | | |
| relate part to trelate The man The to the med | ted to the content of your naies whose interests may be ansparency and does not notionship/activity/interest, it following questions apply touscript only. author's relationships/activite epidemiology of hyperterication, even if that medical | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship wities/interests should be on the nsion, you should declare a thion is not mentioned in the | os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |
| | | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | needed) | |
| | | Time frame: Since the initia | I 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 | |
| 0 | testimony | XNone | |
| | testimon, | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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| None | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Dat | e:2023/04 | /10 | |
|-------|--|----------------------------|---|
| | r Name: Hongyu Li | | |
| Maı | nuscript Title: _Effects of cle | an intermittent catheter | rization and transurethral indwelling catheterization on the |
| | - | | rgery: a systematic review and meta-analysis |
| Mai | nuscript number (if known): | | |
| | | | |
| In ti | ne interest of transparency, | we ask you to disclose a | II relationships/activities/interests listed below that are |
| | | | eans any relation with for-profit or not-for-profit third |
| part | ies whose interests may be | affected by the content | of the manuscript. Disclosure represents a commitment |
| | - | - | s. If you are in doubt about whether to list a |
| rela | tionship/activity/interest, it | t is preferable that you d | o so. |
| The | following questions annly t | a the author's relationsh | nips/activities/interests as they relate to the current |
| | nuscript only. | o the author's relations | inps/ detivities/ interests as they relate to the <u>earrent</u> |
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| The | author's relationships/activ | vities/interests should be | e <u>defined broadly</u> . For example, if your manuscript pertains |
| to t | he epidemiology of hyperte | nsion, you should declar | e all relationships with manufacturers of antihypertensive |
| med | dication, even if that medica | ition is not mentioned in | the manuscript. |
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| | | | ed in this manuscript without time limit. For all other items, |
| the | time frame for disclosure is | the past 36 months. | |
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| | | 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) | |
| _ | | Time frame: Since the ini | tial planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| 2 | Grants or contracts from | Time frame: pa | ast 36 months |
| 2 | any entity (if not indicated | ^_NOTIE | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
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Consulting fees

X_None

| 5 | Payment or honoraria for | XNone | |
|----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | XNone | |
| | testimon, | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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| None | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date | e:2023/04 _/ | /10 | |
|-------------------|---|--|--|
| | r Name: Tao Yang | | |
| | | | ation and transurethral indwelling catheterization on the |
| man | agement of urinary retention | on after gynecological surg | gery: a systematic review and meta-analysis |
| Man | nuscript number (if known): | | |
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| relate part to tr | ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| man | uscript only. | | |
| med In it | lication, even if that medica | tion is not mentioned in t | all relationships with manufacturers of antihypertensive he manuscript. |
| | | 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) | |
| | | Time frame: Since the initia | 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: pas | t 36 months |
| 2 | Grants or contracts from | X None | |
| _ | any entity (if not indicated | | |
| | in item #1 above). | | |
| 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 | |
| 0 | testimony | XNone | |
| | testimon, | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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| None | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date | e:2023/04 | /10 | |
|-----------|--|---------------------------|---|
| You | r Name: Wen Feng | | |
| Mar | nuscript Title: _Effects of cle | an intermittent cathete | rization and transurethral indwelling catheterization on the |
| | _ | • • • | urgery: a systematic review and meta-analysis |
| Mar | nuscript number (if known): | | |
| | | | |
| In th | ne interest of transparency, | we ask you to disclose a | all relationships/activities/interests listed below that are |
| | • | - | eans any relation with for-profit or not-for-profit third |
| part | ies whose interests may be | affected by the content | t of the manuscript. Disclosure represents a commitment |
| | | - | s. If you are in doubt about whether to list a |
| rela | tionship/activity/interest, it | t is preferable that you | do so. |
| The | following questions apply t | o the author's relations | hips/activities/interests as they relate to the current |
| | nuscript only. | o the author's relations | inps/activities/interests as they relate to the <u>current</u> |
| <u>u.</u> | idscript only | | |
| The | author's relationships/activ | vities/interests should b | e <u>defined broadly</u> . For example, if your manuscript pertains |
| to t | he epidemiology of hyperte | nsion, you should decla | re all relationships with manufacturers of antihypertensive |
| med | dication, even if that medica | ition is not mentioned in | n the manuscript. |
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| | | • | ted in this manuscript without time limit. For all other items, |
| the | time frame for disclosure is | the past 36 months. | |
| | | | |
| | | 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) | |
| | | | itial planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| 2 | Crants or contracts from | | past 36 months |
| 2 | Grants or contracts from any entity (if not indicated | XNone | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | , | | |
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Consulting fees

X_None

| 5 | Payment or honoraria for | XNone | |
|----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | XNone | |
| | testimon, | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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| None | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date | e:2023/04, | /10 | |
|--|--|--|---|
| | r Name: Jia Liao | | |
| Mar | nuscript Title: _Effects of cle | an intermittent catheteriza | ation and transurethral indwelling catheterization on the |
| mar | nagement of urinary retention | on after gynecological surg | ery: a systematic review and meta-analysis |
| Mar | nuscript number (if known): | | |
| rela part to to to rela The mar The to | ted to the content of your name ies whose interests may be cansparency and does not not ionship/activity/interest, it following questions apply touscript only. author's relationships/activity ended in the pidemiology of hyperterication, even if that medical | nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be do nsion, you should declare a tion is not mentioned in the | es/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |
| | | 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 | 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 | |
| 0 | testimony | XNone | |
| | testimon, | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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| None | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date | e:2023/04 | /10 | |
|----------------------|---|--|---|
| You | r Name: Shuang L | uo | - |
| Mar mar | nuscript Title: _Effects of cle | an intermittent catheteri on after gynecological sur | ization and transurethral indwelling catheterization on the rgery: a systematic review and meta-analysis |
| rela part to t | ted to the content of your n ties whose interests may be | nanuscript. "Related" me affected by the content of ecessarily indicate a bias. | I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a poso. |
| | following questions apply t nuscript only. | o the author's relationshi | ips/activities/interests as they relate to the current |
| to t | | nsion, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. |
| | em #1 below, report all sup time frame for disclosure is | • | ed in this manuscript without time limit. For all other items, |
| | | 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 initi | ial 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: pa | st 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| | | | |

_X__None

Consulting fees

| 5 | Payment or honoraria for | XNone | |
|----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | XNone | |
| | testimon, | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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Please place an "X" next to the following statement to indicate your agreement: