Date:\_\_\_\_\_\_July.26<sup>th</sup>, 2023\_

Your Name: Kangning Wang

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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.

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_		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,	<u>X</u> None	None
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
-		Time frame: past	
2	Grants or contracts from any entity (if not indicated	<u>X</u> None	None
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	None
4	Consulting fees	<u>X</u> None	None

5	Payment or honoraria for	<u>X</u> None	None
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	None
	testimony		
7	Support for attending meetings and/or travel	X None	None
8	Patents planned, issued or	<u>X</u> None	None
	pending		
-			
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	None
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	None
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
12	Descipt of equipment	N N	Nana
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	None
	writing, gifts or other services		
13	Other financial or non-	X None	None
	financial interests		

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_July.26<sup>th</sup>, 2023

Your Name: <u>Bingsheng Li</u>

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X None	None
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	
2	Grants or contracts from	<u>X</u> None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	None
4	Consulting fees	<u>X</u> None	None

5	Payment or honoraria for	<u>X</u> None	None
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	None
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	None
8	Patents planned, issued or	<u>X</u> None	None
	pending		
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	None
	Advisory Board		
10	Leadership or fiduciary role	X None	None
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
4.0			
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	None
	writing, gifts or other		
	services		
13	Other financial or non-	X None	None
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_July.26<sup>th</sup>, 2023\_

Your Name: Zewu Zhu\_\_\_\_

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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

5	Payment or honoraria for	<u>X</u> None	None
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	None
Ŭ	testimony	<u><b>X</b></u> None	
	,		
7	Support for attending meetings and/or travel	<u>X</u> None	None
8	Patents planned, issued or	<u>X</u> None	None
	pending		
9	Participation on a Data	<u>X</u> None	None
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	None
10	in other board, society, committee or advocacy	<u><b>N</b></u> NONE	None
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
12	Receipt of equipment,	<u>X</u> None	None
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	None
	financial interests		

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_\_July.26<sup>th</sup>, 2023

Your Name: <u>Lina Zhang</u>

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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.

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	<u>X</u> None	None
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
-		Time frame: past	
2	Grants or contracts from any entity (if not indicated	<u>X</u> None	None
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	None
4	Consulting fees	<u>X</u> None	None

5	Payment or honoraria for	<u>X</u> None	None
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	None
	testimony		
7	Support for attending meetings and/or travel	X None	None
8	Patents planned, issued or	<u>X</u> None	None
	pending		
-			
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	None
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	None
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
12	Descipt of equipment	N N	Nana
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	None
	writing, gifts or other services		
13	Other financial or non-	X None	None
	financial interests		

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_\_ July.26<sup>th</sup>, 2023

Your Name: <u>Zhiyong Liu</u>

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X None	None
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	
2	Grants or contracts from	<u>X</u> None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	None
4	Consulting fees	<u>X</u> None	None

5	Payment or honoraria for	<u>X</u> None	None
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	None
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	None
8	Patents planned, issued or	<u>X</u> None	None
	pending		
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	None
	Advisory Board		
10	Leadership or fiduciary role	X None	None
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
4.0			
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	None
	writing, gifts or other		
	services		
13	Other financial or non-	X None	None
	financial interests		

None

# Please place an "X" next to the following statement to indicate your agreement:

Date: July.26<sup>th</sup>, 2023

Your Name: Li Huang

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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		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.	Funding:The Natural Science Foundation of Hunan province Youth Fund (No. S2020JJQNJJ1081).	None
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	None
З	Royalties or licenses	<u>X</u> None	None
4	Consulting fees	<u>X</u> None	None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X None	None
	educational events		
6	Payment for expert testimony	<u>X</u> None	None
7	Support for attending meetings and/or travel	<u>X</u> None	None
8	Patents planned, issued or	X None	None
0	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	None
10	Leadership or fiduciary role	X None	None
	in other board, society,	<u>A</u> None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
12	Receipt of equipment,	<u>X</u> None	None
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	<u>X</u> None	None

The author reports the funding from The Natural Science Foundation of Hunan province Youth Fund (No. S2020JJQNJJ1081).

Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_\_ July.26<sup>th</sup>, 2023

Your Name: Yunbo He\_\_\_\_

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	<u>X</u> None	None
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
-		Time frame: past	
2	Grants or contracts from	<u>X</u> None	None
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u>X</u> None	None
4	Consulting fees	<u>X</u> None	None

5	Payment or honoraria for	<u>X</u> None	None
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	None
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	None
	-		
8	Patents planned, issued or	<u>X</u> None	None
	pending		
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	None
	Advisory Board		
10	Leadership or fiduciary role	X None	None
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
4.0			
12	Receipt of equipment,	<u>X</u> None	None
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	<u>X</u> None	None

None

Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_\_July.26<sup>th</sup>, 2023

Your Name: Zhi Liu

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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		Time frame: Since the initial	planning of the work
1	1 All support for the present manuscript (e.g., funding, provision of study materials,	X None	None
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
_		Time frame: past	
2	Grants or contracts from	<u>X</u> None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	None
4	Consulting fees	<u>X</u> None	None

5	Payment or honoraria for	<u>X</u> None	None
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	None
	testimony		
7	Support for attending meetings and/or travel	X None	None
8	Patents planned, issued or	<u>X</u> None	None
	pending		
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	None
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	None
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	None
42			
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	None
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	<u>X</u> None	None

None

## Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_\_ July.26<sup>th</sup>, 2023

Your Name: Weiping Xia

Manuscript Title:\_Renal pedicle lymphatic ligation for non-parasitic chyluria via retroperitoneal laparoscopic surgery: A Single-Center 12 Year Experience.

Manuscript number (if known): TAU-23-287

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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)
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.	Funding:The Natural Science Foundation of Hunan province Youth Fund (2023JJ40999).	None
		Time frame: past	26 months
2	Grants or contracts from	-	None
2	any entity (if not indicated	<u>X</u> None	NOTE
	in item #1 above).		
3	Royalties or licenses	X None	None

4	Consulting fees	X None	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	None
6	Payment for expert testimony	X None	None
7	Support for attending meetings and/or travel	X None	None
8	Patents planned, issued or pending	X None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	None
11	Stock or stock options	X None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	None
13	Other financial or non- financial interests	X None	None

The author reports the funding from The Natural Science Foundation of Hunan province Youth Fund (2023JJ40999).

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