

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor,

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Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
McIntosh

3. Date
14-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jose Karam

5. Manuscript Title
Role of lymph node dissection at the time of open or minimally invasive radical nephroureterectomy

6. Manuscript Identifying Number (if you know it)
TAU-2019-MIUO-07 (TAU-19-219)

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. McIntosh has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Umbreit	3. Date 14-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jose Karam
5. Manuscript Title Role of lymph node dissection at the time of open or minimally invasive radical nephroureterectomy		
6. Manuscript Identifying Number (if you know it) TAU-2019-MIUO-07 (TAU-19-219)		

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Dr. Umbreit has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Wood	3. Date 14-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jose Karam
5. Manuscript Title Role of lymph node dissection at the time of open or minimally invasive radical nephroureterectomy		
6. Manuscript Identifying Number (if you know it) TAU-2019-MIUO-07 (TAU-19-219)		

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Dr. Wood has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Surena

2. Surname (Last Name)
Matin

3. Date
14-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jose Karam

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
QED therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
TARIS Bio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board

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Dr. Matin reports personal fees from QED therapeutics, personal fees from TARIS Bio, outside the submitted work.

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Jose

2. Surname (Last Name)

Karam

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14-April-2020

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Yes No

5. Manuscript Title

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