

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.

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Section 1. Identifying Information

1. Given Name (First Name) Jian	2. Surname (Last Name) Qian	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pengfei Shao and Lixin Hua
5. Manuscript Title Comfortable suture angle with optimized trocar position aids renorrhaphy during retroperitoneal laparoscopic partial nephrectomy		
6. Manuscript Identifying Number (if you know it) TAU-20-1126		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Qian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Qian	2. Surname (Last Name) Zhang	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pengfei Shao and Lixin Hua
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Section 1.

Identifying Information

1. Given Name (First Name)

Qiang

2. Surname (Last Name)

Cao

3. Date

10-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Pengfei Shao and Lixin Hua

5. Manuscript Title

Comfortable suture angle with optimized trocar position aids renorrhaphy during retroperitoneal laparoscopic partial nephrectomy

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TAU-20-1126

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Dr. Cao has nothing to disclose.

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Li

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Corresponding Author's Name

Pengfei Shao and Lixin Hua

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Meiling	2. Surname (Last Name) Bao	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pengfei Shao and Lixin Hua
5. Manuscript Title Comfortable suture angle with optimized trocar position aids renorrhaphy during retroperitoneal laparoscopic partial nephrectomy		
6. Manuscript Identifying Number (if you know it) TAU-20-1126		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Bao has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chao	2. Surname (Last Name) Qin	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pengfei Shao and Lixin Hua
5. Manuscript Title Comfortable suture angle with optimized trocar position aids renorrhaphy during retroperitoneal laparoscopic partial nephrectomy		
6. Manuscript Identifying Number (if you know it) TAU-20-1126		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Qin 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) Zengjun	2. Surname (Last Name) Wang	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pengfei Shao and Lixin Hua
5. Manuscript Title Comfortable suture angle with optimized trocar position aids renorrhaphy during retroperitoneal laparoscopic partial nephrectomy		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Wang 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)

Lixin

2. Surname (Last Name)

Hua

3. Date

10-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Comfortable suture angle with optimized trocar position aids renorrhaphy during retroperitoneal laparoscopic partial nephrectomy

6. Manuscript Identifying Number (if you know it)

TAU-20-1126

Section 2.

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Section 4.

Intellectual Property -- Patents & Copyrights

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Dr. Hua 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)
Pengfei

2. Surname (Last Name)
Shao

3. Date
10-November-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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