



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Wang	3. Date 16-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin Wei
5. Manuscript Title Does Previous Unsuccessful Shockwave Lithotripsy Influence the Outcomes of Ureteroscopy? A Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) TAU-21-39-CL		

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Liao

2. Surname (Last Name)
Peng

3. Date
16-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Xin Wei

5. Manuscript Title

Does Previous Unsuccessful Shockwave Lithotripsy Influence the Outcomes of Ureteroscopy? A Systematic Review and Meta-Analysis

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TAU-21-39-CL

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Xingpeng

2. Surname (Last Name)
Di

3. Date
16-February-2021

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Yes No

Corresponding Author's Name
Xin Wei

5. Manuscript Title

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Xiaoshuai

2. Surname (Last Name)
Gao

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Corresponding Author's Name
Xin Wei

5. Manuscript Title

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