Date:_ 23 rd Feb. 2021
Your Name:Jingqi Zhang
Manuscript Title: The association between caudal block and urethroplasty complications of distal tubularized incised
plate repair
Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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1	All support for the present	x_None	
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

None

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

Date:_ 23 rd Feb. 2021
Your Name: Shibo Zhu
Manuscript Title: The association between caudal block and urethroplasty complications of distal tubularized incised plate repair
Manuscript number (if known):

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6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

None

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Date:_ 23 rd Feb. 2021
Your Name: Liyu Zhang
Manuscript Title: The association between caudal block and urethroplasty complications of distal tubularized incised
plate repair
Manuscript number (if known):

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3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
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11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

None

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

Your Name: Wen Fu
Manuscript Title: The association between caudal block and urethroplasty complications of distal tubularized incised
plate repair
Manuscript number (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

None

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Date:_ 23 rd Feb. 2021
Your Name: Jinhua Hu
Manuscript Title: The association between caudal block and urethroplasty complications of distal tubularized incised
plate repair
Manuscript number (if known):

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6	Payment for expert testimony	xNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

None

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

Date:_ 23 rd Feb. 2021
Your Name: Zhao Zhang
Manuscript Title: The association between caudal block and urethroplasty complications of distal tubularized incised plate repair
Manuscript number (if known):

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13	Other financial or non- financial interests	xNone	

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Date:_ 23 rd Feb. 2021
Your Name: Wei Jia
Manuscript Title: The association between caudal block and urethroplasty complications of distal tubularized incised
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