

ICMJE DISCLOSURE FORM

Date: JUNE. 19th, 2021

Your Name: Yuancheng Xu

Manuscript Title: Retrograde intrarenal surgery for a staghorn renal calculus in a patient with solitary kidney and urinary tract deformity: a case report

Manuscript number (if known): TAU-21-192

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)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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None.

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Your Name: Zhengquan Lu

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