

ICMJE DISCLOSURE FORM

Date: 2021-05-26

Your Name: Shaohua Zeng

Manuscript Title: Holographic reconstruction technology used for intraoperative real-time navigation in robot-assisted partial nephrectomy in patients with renal tumors: a single center study

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.

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Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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

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Date: 2021-05-26

Your Name: Yu Zhou

Manuscript Title: Holographic reconstruction technology used for intraoperative real-time navigation in robot-assisted partial nephrectomy in patients with renal tumors: a single center study

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Date: 2021-05-26

Your Name: Min Wang

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Your Name: Hui Bao

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Your Name: Yanqun Na

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Your Name: Tiejun Pan

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