Date: N	1ay 21,	2021
Your Name	:	Changwei Yuan
Manuscript	: Title: <u> </u>	Robotic ureteral reimplantation for the management of ureterovaginal fistula: Four cases'
<u>experience</u>	of sing	<u>le center</u>
Manuscript	numb	er (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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		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)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X_None		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			_
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
				_
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:	
	None.			

None.			

Date:	May 21	l, 2021	
Your Na	me:	Jie Wang	
Manusc	ript Title:	: Robotic ureteral reimplantation for the management of ureterovaginal fistu	ula: Four cases
<u>experie</u>	nce of sin	ngle center	
Manusc	ript num	ber (if known):	

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	testimony			
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	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			_
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
				_
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:	
	None.			

None.			

Date: _	May 21	1, 2021	
Your Na	ame:	Sida Cheng	
Manus	cript Title:	: Robotic ureteral reimplantation for the management of ureterovaginal fistula: Fo	ur cases
experie	nce of sin	ngle center	
Manus	cript num	ber (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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	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
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	testimony					
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7	Support for attending meetings and/or travel	XNone				
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9	Participation on a Data	XNone				
	Safety Monitoring Board or					
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	committee or advocacy					
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11	Stock or stock options	X_None				
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12	Receipt of equipment,	X_None				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	XNone				
	financial interests					
D!		andliak of intercet in the fel	Harriag karr			
PIE	ease summarize the above c	onflict of interest in the fo	nowing box:			
	None.					
	NOTIC.					

Date: <u>N</u>	May 21,	2021		
Your Name	e: <u>Z</u>	hihua Li		
Manuscrip	t Title: <u>F</u>	obotic ureteral reimplantation for the mai	nagement of ureterovaginal fistula: F	our cases
<u>experience</u>	of singl	<u>e center</u>		
Manuscrip	t numbe	r (if known):		

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4	Consulting fees	XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	X_None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
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PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	None.		
	NOTIC.		

Date: <u>May</u>	21, 2021
Your Name:	Chunru Xu
Manuscript Tit	le: Robotic ureteral reimplantation for the management of ureterovaginal fistula: Four cases
experience of s	single center
Manuscript nu	mber (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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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
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PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	None.		
	NOTIC.		

Date: N	May 21,	2021	
Your Name	e:	Weijie Zhu	
Manuscrip	t Title:	Robotic ureteral reimplantation for the management of ureterovaginal fistula: For	ur cases'
<u>experience</u>	of sing	<u>rle center</u>	
Manuscrip	t numb	er (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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6	Payment for expert	X_None	
	testimony		
_		V N	
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
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12	Receipt of equipment,	X_None	
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	financial interests		
D!		andliak of intercet in the fel	Harriag karr
PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	None.		
	NOTIC.		

Date:	May 21,	2021	
Your Nan	ne:	Shubo Fan	
Manuscri	ipt Title:	Robotic ureteral reimplantation for the management of ureterovaginal fistula: F	our cases
<u>experien</u>	ce of sing	<u>ele center</u>	
Manuscri	ipt numb	er (if known):	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	X_None	
	testimony		
_		V N	
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
	_		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
D!		andliak of intercet in the fel	Harriag karr
PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	None.		
	NOTIC.		

Date: May	21, 2021
Your Name:	Kunlin Yang
Manuscript Tit	e: Robotic ureteral reimplantation for the management of ureterovaginal fistula: Four cases
experience of s	ingle center
Manuscript nu	mber (if known):

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Time frame: past 36 months			36 months
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
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	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	X_None	
_		V N	
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
	_		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		
PIE	ease summarize the above c	onflict of interest in the fol	liowing box:
	None		
	None.		

Date: N	y 21, 2021	
Your Name	Xuesong Li	
Manuscript	itle: Robotic ureteral reimplantation for the management of ureterovaginal fistula: Four c	ases
<u>experience</u>	f single center	
Manuscript	umber (if known):	_

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4	Consulting fees	XNone	

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	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	X_None	
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7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
	_		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		
PIE	ease summarize the above c	onflict of interest in the fol	liowing box:
	None		
	None.		

Date: _	May 21	2021
Your N	ame:	Ligun Zhou
Manus	cript Title:	Robotic ureteral reimplantation for the management of ureterovaginal fistula: Four cases'
<u>experi</u>	ence of sing	<u>tle center</u>
Manus	cript numb	er (if known):

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_	educational events		
6	Payment for expert testimony	X_None	
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7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
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13	Other financial or non-	X_None	
	financial interests		
PIE	ease summarize the above c	onflict of interest in the fol	liowing box:
	None		
	None.		