

ICMJE DISCLOSURE FORM

Date: July, 12, 2021

Your Name: Lei Zhang

Manuscript Title: Simultaneous antegrade urography of the upper urinary tract and retrograde cystography combined with computed tomography imaging in the management of ureteral complications after renal transplantation

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 current manuscript only.

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3	Royalties or licenses	<u>None</u>	NONE
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Please summarize the above conflict of interest in the following box:

NONE

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

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Date: July, 12, 2021

Your Name: Luhao Liu

Manuscript Title: Simultaneous antegrade urography of the upper urinary tract and retrograde cystography combined with computed tomography imaging in the management of ureteral complications after renal transplantation

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ICMJE DISCLOSURE FORM

Date: July,12,2021

Your Name: Xingqiang Lai

Manuscript Title: Simultaneous antegrade urography of the upper urinary tract and retrograde cystography combined with computed tomography imaging in the management of ureteral complications after renal transplantation

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Date: July, 12, 2021

Your Name: Jiali Fang

Manuscript Title: Simultaneous antegrade urography of the upper urinary tract and retrograde cystography combined with computed tomography imaging in the management of ureteral complications after renal transplantation

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Date: July, 12, 2021

Your Name: Yuhe Guo

Manuscript Title: Simultaneous antegrade urography of the upper urinary tract and retrograde cystography combined with computed tomography imaging in the management of ureteral complications after renal transplantation

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Date: July,12,2021

Your Name: Guanghai Li

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Date: July, 12, 2021

Your Name: Lu Xu

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Date: July, 12, 2021

Your Name: Yunyi Xiong

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Date: July, 12, 2021

Your Name: Wei Yin

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Date: July, 12, 2021

Your Name: Junjie Ma

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Date: July, 12, 2021

Your Name: Zheng Chen

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	NONE
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	NONE
11	Stock or stock options	<u> </u> None	NONE
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	NONE
13	Other financial or non-financial interests	<u> </u> None	NONE

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

NONE

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

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