

## ICMJE DISCLOSURE FORM

Date: 11.24.2021

Your Name: Jae Yoon Kim

Manuscript Title: Ureteral fibroepithelial polyp protruding into the bladder which mimics a bladder tumour: a case report and literature review

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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		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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2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ None	
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The author declares that there are no conflicts of interest related with this manuscript.

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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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Date: 11.24.2021

Your Name: Ji Hyeong Yu

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Your Name: Hyun Jung Kim

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Date: 11.24.2021

Your Name: Dae Yeon Cho

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