Date: <u>Feb. 27<sup>th</sup>, 1</u>	2022
Your Name: Xi	nfei Li
Manuscript Title: Et	ology, Characteristics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number	(if known): TAU-21-998

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time traine. Since the initial	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).	X_None	
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	XNone	
	testimony		
-	6 16 11 11	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	XNone	
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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None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: Kunlin Yang	
Manuscript Title: Etiology, Character	istics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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		Time frame: Since the initia	l planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	., .,	
6	Payment for expert	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: Guangpu Ding	
Manuscript Title: Etiology, Character	istics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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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		Time frame: Since the initial	planning of the work
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		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	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: Xiaofeng Zou	
Manuscript Title: Etiology, Characteris	stics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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.	_X_None	
		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	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: <u>Feb. 27</u>	2022
Your Name:	iefu Ye
Manuscript Title:	tiology, Characteristics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscrint numb	r (if known): TAU-21-998

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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		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.	_X_None	
		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	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: Feb. 27 <sup>th</sup>	, 2022
Your Name:J	infeng Wu
Manuscript Title: <u>E</u>	tiology, Characteristics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number	er (if known): TAU-21-998

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	l 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	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	., .,	
6	Payment for expert	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: Peng Zhang	
Manuscript Title: Etiology, Character	istics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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		Time frame: Since the initia	l planning of the work
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		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	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	., .,	
6	Payment for expert	XNone	
	testimony		
-	6 16 11 11	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	XNone	
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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None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: <u>Dong Fang</u>	
Manuscript Title: Etiology, Characteri	stics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study_	
Manuscript number (if known):	TAU-21-998

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		Time frame: Since the initia	l planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	., .,	
6	Payment for expert	XNone	
	testimony		
-	6 16 11 11	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	XNone	
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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None	2.		

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

Date:	Feb. 27 <sup>t</sup>	<sup>h</sup> , 2022									
<b>Your Nam</b>	ne:	Han Hao									
Manuscri	pt Title:	Etiology,	Characteristic	s and Man	agement o	of Ureteri	c Injury:	Experien	ce from a	Nationa	l Cross
<u>sectional</u>	Study	•									
Manuscri	nt numb	er (if kno	own):	TAU-21-99	98						

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time traine. Since the initial	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).	X_None	
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	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>		_
Your Name: Zhe Li		
Manuscript Title: Etiology, Character	stics and Management of Ureteric Injury: Experience from a Natio	nal Cross-
sectional Study		
Manuscript number (if known):	TAU-21-998	

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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		Time frame: Since the initia	planning of the work
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		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	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: <u>Feb. 27</u>	<sup>h</sup> , 2022		
Your Name:	Hongjian Zhu		
Manuscript Title:	Etiology, Characteristics and M	Management of Ureteric Injury: Experience from a National Cro	SS-
sectional Study			
Manuscript numb	er (if known): TAU-2:	21-998	

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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		Time frame: Since the initia	planning of the work
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		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	XNone	
	testimony		
-	6 16 11 11	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ь.		CI C	

None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: Xuesong Li	
Manuscript Title: Etiology, Characte	ristics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time traine. Since the initial	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).	X_None	
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	XNone	
	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		
	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-	XNone	
	financial interests		
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None	2.		

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: Haowen Jiang	
Manuscript Title: Etiology, Character	istics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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	financial interests		
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Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: Kunjie Wang	
Manuscript Title: Etiology, Chara	cteristics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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

Date: <u>Feb. 27<sup>th</sup>, 2022</u>	
Your Name: <u>Liqun Zhou</u>	
Manuscript Title: Etiology, Character	stics and Management of Ureteric Injury: Experience from a National Cross-
sectional Study	
Manuscript number (if known):	TAU-21-998

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Date: Feb. 27 <sup>th</sup>	2022
Your Name:	ong Li
Manuscript Title: <u>E</u>	ology, Characteristics and Management of Ureteric Injury: Experience from a National Cross-
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
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