Date: April 2 nd , 2022
Your Name:Yifan Zhao
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutaneous
posterior tibial nerve stimulation in the treatment of neurogenic detrusor overactivity: An exploratory
randomized controlled trial
Manuscript number (if known):TAU-22-249

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	All array and fourther area.		planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	None.		
	ease place an "X" next to the X I certify that I have an	-	indicate your agreement: nd have not altered the wording of any of the questions o
	form.		

Date: April 2 nd , 2022
Your Name:Daming Wang
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutaneous
posterior tibial nerve stimulation in the treatment of neurogenic detrusor overactivity: An exploratory
randomized controlled trial
Manuscript number (if known): TAU-22-249

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4	Consulting fees	XNone	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
L2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above converse.	onflict of interest in the	following box:

Date: April 2 nd , 2022
Your Name:Liliang Zou
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutaneous
posterior tibial nerve stimulation in the treatment of neurogenic detrusor overactivity: An exploratory
randomized controlled trial
Manuscript number (if known):TAU-22-249

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
5	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above connection	onflict of interest in the	following box:

Date: April 2 nd , 2022
Your Name:Lin Mao
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutaneous
posterior tibial nerve stimulation in the treatment of neurogenic detrusor overactivity: An exploratory
randomized controlled trial
Manuscript number (if known):TAU-22-249

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
5	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above connection	onflict of interest in the	following box:

Date: April 2 nd , 2022
Your Name:Ying Yu
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutaneous
posterior tibial nerve stimulation in the treatment of neurogenic detrusor overactivity: An exploratory
randomized controlled trial
Manuscript number (if known):TAU-22-249

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4	Consulting fees	XNone	

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Г	ase summarize the above co	onflict of interest in the fo	ollowing box:

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

form.

Date: April 2 nd , 2022
Your Name:Tianfang Zhang
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutaneou
posterior tibial nerve stimulation in the treatment of neurogenic detrusor overactivity: An exploratory
randomized controlled trial
Manuscript number (if known):TAU-22-249

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
5	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above connection	onflict of interest in the	following box:

Date: April 2 nd , 2022	
Your Name:Bing Bai	
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutane	ou
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Date: April 2 nd , 2022
Your Name:Zuobing Chen
Manuscript Title: Comparison of the efficacy and safety of sacral root magnetic stimulation with transcutaneo
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