Date:Mar. 25 <sup>th</sup> , 2021		
Your Name: Long Sun		
Manuscript Title: Asymptomatic ob	structive hydronephrosis associated with	diabetes insipidus: a case report and review
Manuscript number (if known):	TP-20-476	

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)  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	

lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services						
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None.	Plea	Please summarize the above conflict of interest in the following box:				
None.						
	N	None.				

Date:	Mar. 25 <sup>th</sup> , 2021								
Your	Name: Dongyan Zhao								
Manu	uscript Title: Asymptomatic of	bstructive hyd	ronephrosis	associated v	vith diabetes	insipidus:	a case rep	ort and r	eview
Manu	uscript number (if known):	TP-20-476	-			-	_		

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Date:Mar. 25 <sup>th</sup> , 2021					
Your Name: Linfeng Zhu					
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None.	Plea	Please summarize the above conflict of interest in the following box:				
None.						
	N	None.				

Your Name: Yiding Shen					
<b>Manuscript Title:</b> <u>Asymptomatic</u>	obstructive hydronephro	sis associated with di	abetes insipidu	s: a case repo	ort and review
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None.	Plea	Please summarize the above conflict of interest in the following box:				
None.						
	N	None.				

Date:

Mar. 25<sup>th</sup>, 2021

Your Name:	Yijun Zhao				
<b>Manuscript Tit</b>	:le: Asymptomatic	obstructive hydronephrosis	associated with	diabetes insipidus: a	case report and review
Manuscript nu	mber (if known):_	TP-20-476			
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		Time frame: past	36 months
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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				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	X None			
	pending				
0	Darticipation on a Data	X None			
9	Participation on a Data	xNone			
	Safety Monitoring Board or Advisory Board				
10	-	V. None			
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11		V. News			
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	13 Other financial or non- financial interests	XNone			
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Plea	Please summarize the above conflict of interest in the following box:				
N	None.				

Date:

Mar. 25<sup>th</sup>, 2021

Your Name: Daxing Tang				
Manuscript Title: Asymptomatic	obstructive hydronephros	is associated with diabetes	s insipidus: a case re	port and review
Manuscript number (if known):	TP-20-476			

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	services				
13	13 Other financial or non- financial interests	XNone			
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Plea	Please summarize the above conflict of interest in the following box:				
N	None.				