Da	te:2021-8-11			
Yo	ur Name:Lijun Li			
Ma	nuscript Title:	Meta-analysis	of ureteral stent for risk factors of restenosis after	
	paroscopic pyeloplasty			
Ma	nuscript number (if known)):		
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content o necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other iten	ns,
		Name all entities with	Specifications/Comments	
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	processing charges, etc.)			
	No time limit for this item.			
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<u>'</u>	Grants or contracts from any entity (if not indicated	None		
	any entity (ii not maicated	1		

in item #1 above).

Consulting fees

Royalties or licenses

None

None

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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	iniancial interests		
	ease summarize the above co	onflict of interest in the fo	llowing box:

Date: 2021	-8-11
Your Name:Ming	
Manuscript Title:	Meta-analysis of ureteral stent for risk factors of restenosis after
laparoscopic pyelop	lasty
Manuscript number (if	known):
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3	Royalties or licenses	None	
4	Consulting fees	None	

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	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	iniancial interests		
	ease summarize the above co	onflict of interest in the fo	llowing box:

Date:	2021-8-11	
Your Name:	Baisheng Gong	
Manuscript Ti	tle:	Meta-analysis of ureteral stent for risk factors of restenosis after
laparoscopic	pyeloplasty	
	• • • •	

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7	Support for attending meetings and/or travel	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	iniancial interests		
	ease summarize the above co	onflict of interest in the fo	llowing box:

Date:	2021-8-11	
Your Name:_	Yu Wang	
Manuscript T	le:Meta-analysis of ureteral stent for risk factors of restenosis after laparoscopic	
pyeloplasty_		
Manuscript n	mber (if known):	

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	pending		
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	Advisory Board		
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	iniancial interests		
	ease summarize the above co	onflict of interest in the fo	llowing box:

Date:	2021-8-11	
	Qiang Feng	
Manuscript Titl	e:	Meta-analysis of ureteral stent for risk factors of restenosis after
laparoscopic	pyeloplasty	<u> </u>
Manuscript nur	mber (if known):	
related to the oparties whose it to transparency	ontent of your ma nterests may be at y and does not nec	e ask you to disclose all relationships/activities/interests listed below that are inuscript. "Related" means any relation with for-profit or not-for-profit third ffected by the content of the manuscript. Disclosure represents a commitment ressarily indicate a bias. If you are in doubt about whether to list a spreferable 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)
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2	Grants or contracts from any entity (if not indicated	Time frame: pastNone	36 months
3	in item #1 above).	None	
3	Royalties or licenses	ivorie	
4	Consulting fees	None	

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	speakers bureaus,				
	manuscript writing or				
	educational events				
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7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical	None			
	writing, gifts or other services				
13	Other financial or non-	None			
	financial interests				
	Please summarize the above conflict of interest in the following box: No conflict of interest				