

ICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Ali Sherazi

Manuscript Title: Validation of Urine Citrate and Oxalate Measurement on the Roche Cobas® c502 Chemistry Analyzer

Manuscript Number (if known): JLPM-23-43

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 9/19/2023

Your Name: Ashley Stevens

Manuscript Title: Validation of Urine Citrate and Oxalate Measurement on the Roche Cobas® c502 Chemistry Analyzer

Manuscript Number (if known): JLPM-23-43

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