

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Liangfeng	2. Surname (Last Name) Tang	3. Date 06-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yunli Bi
5. Manuscript Title Posterior urethral valves with collecting system rupture: a single center experience		
6. Manuscript Identifying Number (if you know it) PM-19-58		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Tang has nothing to disclose.

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1. Given Name (First Name) Bin	2. Surname (Last Name) Zhang	3. Date 06-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yunli Bi
5. Manuscript Title Posterior urethral valves with collecting system rupture: a single center experience		
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1. Given Name (First Name) Liangsheng	2. Surname (Last Name) Lu	3. Date 06-August-2019
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1. Given Name (First Name)
Xiang

2. Surname (Last Name)
Wang

3. Date
06-August-2019

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Yes No

Corresponding Author's Name
Yunli Bi

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06-August-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Yunli Bi

5. Manuscript Title

Posterior urethral valves with collecting system rupture: a single center experience

6. Manuscript Identifying Number (if you know it)

PM-19-58

Section 2. The Work Under Consideration for Publication

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Shuangsui	2. Surname (Last Name) Ruan	3. Date 06-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yunli Bi
5. Manuscript Title Posterior urethral valves with collecting system rupture: a single center experience		
6. Manuscript Identifying Number (if you know it) PM-19-58		

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1. Given Name (First Name)
Yunli

2. Surname (Last Name)
Bi

3. Date
06-August-2019

4. Are you the corresponding author? Yes No

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