Date	<u>27/11/2021</u>	
Your Name:	DAVID FINN	
Manuscript Title:	Abdominal compartment syndrome secondary to irrigation fluid leak during	
percutaneous nephro	olithotomy: a rare life-threatening complication requiring extra-corporeal life suppo	rt
Manuscript number (if known):		

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)
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.	None	pranning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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 pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
	None		

Date	<u>27/11/2021</u>
Your Name:	JUNAID ASHRAF
Manuscript Title:	Abdominal compartment syndrome secondary to irrigation fluid leak during
percutaneous nephro	plithotomy: a rare life-threatening complication requiring extra-corporeal life support
Manuscript number (if	known):

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	any entity (if not indicated		
-	in item #1 above).	A.I	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
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13	Other financial or non- financial interests	None	
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
	None		

Date	<u>28/11/2021</u>
Your Name:	NASIM TAHIR
Manuscript Title:	Abdominal compartment syndrome secondary to irrigation fluid leak during
percutaneous nephro	olithotomy: a rare life-threatening complication requiring extra-corporeal life support
Manuscript number (if I	known):

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
	None		

Date: <u>06</u> /	/12/2021
Your Name:	Matthew Devall
Manuscript 1	Fitle: Abdominal compartment syndrome as a complication of percutaneous
nephrolitho	tomy requiring extra-corporeal life support - a case report
Manuscript r	number (if known):PM-21-94

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	ı	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
<b>.</b>		
Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
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committee or advocacy		
group, paid or unpaid		
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Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or nonX_None

Please summarize the above conflict of interest in the following box:

None.			

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

Date: <u>29</u>	November 2021
Your Name:	Carin van Doorn
Manuscript:	Abdominal compartment syndrome secondary to irrigation fluid leak during percutaneous
nephrolitho	otomy: a rare life-threatening complication requiring extra-corporeal life support
Manuscript i	number (if known):

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3	Royalties or licenses	XNone	

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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	XNone		
Ü	pending	XNone		
	perioring			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:			
	None.			

Date	<u>28/11/2021</u>
Your Name:	RAMESH KUMAR
Manuscript Title:	Abdominal compartment syndrome secondary to irrigation fluid leak during
percutaneous nephro	olithotomy: a rare life-threatening complication requiring extra-corporeal life support
Manuscript number (if I	known):

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	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nege	
	Payment for expert testimony	None	
	testimony		
	Support for attending	None	
	Support for attending meetings and/or travel	None	
	meetings and/or traver		
	Patents planned, issued or	None	
	pending		
	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
)	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
L	Stock or stock options	None	
	Descint of annique set	News	
	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
}	Other financial or non-	None	
	financial interests		
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le	ase summarize the above o	onflict of interest in the fo	llowing box:
ı	None		
1-	aca place an "V" payt to the	following statement to !-	dicate your agreement.
ıe	ase place an "X" next to the	: iollowing statement to in	uicate your agreement:
_)		ered every question and h	nave not altered the wording of any of the questions or
	form.		