

# ICMJE DISCLOSURE FORM

Date: 2022.02.09

Your Name: Parehe Alimu

Manuscript Title: Lateroconal fascia suspension facilitates retroperitoneal partial nephrectomy

Manuscript number (if known): TCR-21-2467-R2

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<b>X</b>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>_ X _None</b>	
3	Royalties or licenses	<b>_ X _None</b>	
4	Consulting fees	<b>_ X _None</b>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> _X_ None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> _X_ None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> _X_ None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> _X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> _X_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> _X_ None	
11	Stock or stock options	<input checked="" type="checkbox"/> _X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> _X_ None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> _X_ None	

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# ICMJE DISCLOSURE FORM

Date: 2022.02.09  
 Your Name: Jun Dai  
 Manuscript Title: Lateroconal fascia suspension facilitates retroperitoneal partial nephrectomy  
 Manuscript number (if known): TCR-21-2467-R2

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# ICMJE DISCLOSURE FORM

Date: 2022.02.09  
 Your Name: Xin Huang  
 Manuscript Title: Lateroconal fascia suspension facilitates retroperitoneal partial nephrectomy  
 Manuscript number (if known): TCR-21-2467-R2

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# ICMJE DISCLOSURE FORM

Date: 2022.02.09  
 Your Name: Juping Zhao  
 Manuscript Title: Lateroconal fascia suspension facilitates retroperitoneal partial nephrectomy  
 Manuscript number (if known): TCR-21-2467-R2

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