## **ICMJE DISCLOSURE FORM**

|                 | te:July. 27 <sup>th</sup> , 2023<br>ur Name: Venkat M. Rar    | –<br>makrishnan  |  |     |
|-----------------|---|--|--|-----|
|                 |   |  | iate tool to evaluate global urolithiasis guidelines?  |     |
| Ma              | nuscript number (if known)                                    | 1. TAIL-23.  | -411   |     |
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| rel<br>pa<br>to | ated to the content of your<br>rties whose interests may be   | manuscript. "Related" me<br>e affected by the content on<br>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<br>inuscript only.                | to the author's relationsh   | ips/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<br>e time frame for disclosure i | • •  | ed in this manuscript without time limit. For all other iten   | ns, |
|                 |   | Name all entities with   | Specifications/Comments  |     |
|                 |   | whom you have this   | (e.g., if payments were made to you or to your   |     |
|                 |   | relationship or indicate   | institution)   |     |
|                 |   | none (add rows as  |  |     |
|                 |   | needed)  |  |     |
|                 |   | Time frame: Since the initia   | l planning of the work   |     |
| 1               | All support for the present                                   | X None   |  |     |
|                 | manuscript (e.g., funding,                                    |  |  |     |
|                 | provision of study materials,                                 |  |  |     |
|                 | medical writing, article                                      |  |  |     |
|                 | processing charges, etc.)                                     |  |  |     |
|                 | No time limit for this item.                                  |  |  |     |
|                 |   |  | +  |     |
|                 |   |  |  |     |
|                 |   | Time frame: past   | : 36 months  |     |
| 2               | Grants or contracts from                                      | X None   | . So months  |     |
| <u> </u>        | any entity (if not indicated                                  |  |  |     |
|                 | in item #1 above).  |  |  |     |
| 3               | Royalties or licenses   | X None   |  |     |
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|                 |   |  |  |     |
| 4               | Consulting fees   | XNone  |  |     |

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|       |   |                                |             |
| 5     | Payment or honoraria for lectures, presentations, | XNone                          |             |
|       |   |                                |             |
|       | 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                          |             |
|       | pending   |                                |             |
|       |   |                                |             |
| 9     | Participation on a Data                           | X None                         |             |
| ,     | Safety Monitoring Board or                        |                                |             |
|       | Advisory Board                                    |                                |             |
| 10    | Leadership or fiduciary role                      | X None                         |             |
| _0    | in other board, society,                          |                                |             |
|       | committee or advocacy                             |                                |             |
|       | group, paid or unpaid                             |                                |             |
| 11    | Stock or stock options                            | X None                         |             |
|       | Stock of Stock options                            |                                |             |
|       |   |                                |             |
| 12    | Receipt of equipment,                             | X None                         |             |
| 12    | materials, drugs, medical writing, gifts or other |                                |             |
|       |   |                                |             |
|       | services  |                                |             |
| 42    |   | V None                         |             |
| 13    | Other financial or non-                           | XNone                          |             |
|       | financial interests                               |                                |             |
|       |   |                                |             |
| ΡΙΔ   | ease summarize the above o                        | onflict of interest in the fol | lowing hox: |
| - ' ' |   |                                |             |
|       | None.   |                                |             |
|       |   |                                |             |

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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## **ICMJE DISCLOSURE FORM**

|     | te:July. 27 <sup>th</sup> , 2021<br>ur Name: Kendrick Yim | -                            |   |     |
|-----|---|------------------------------|---|-----|
|     |   |                              | iate tool to evaluate global urolithiasis guidelines?   |     |
|     |   |                              |   |     |
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|     |   | and a resident and           |   |     |
|     |   | ·                            | I relationships/activities/interests listed below that are  |     |
|     |   |                              | ans any relation with for-profit or not-for-profit third  |     |
| -   |   | <u>-</u>                     | of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a |     |
|     | ationship/activity/interest,                              |                              | •   |     |
| iei | ationship/activity/interest,                              | it is preferable that you ut | J 50.   |     |
| Th  | e following questions apply                               | to the author's relationsh   | ips/activities/interests as they relate to the <u>current</u>                                     |     |
| ma  | nuscript only.  |                              |   |     |
|     |   |                              |   |     |
| Th  | e author's relationships/act                              | ivities/interests should be  | defined broadly. For example, if your manuscript pertains   | 5   |
| to  | the epidemiology of hyperto                               | ension, you should declare   | e all relationships with manufacturers of antihypertensive  |     |
| me  | edication, even if that medic                             | ation is not mentioned in    | the manuscript.   |     |
|     |   |                              |   |     |
|     | · · ·   | •                            | ed in this manuscript without time limit. For all other item                                      | ıs, |
| the | e time frame for disclosure i                             | s the past 36 months.        |   |     |
|     |   |                              |   |     |
|     |   | Name all entities with       | Specifications/Comments   |     |
|     |   | whom you have this           | (e.g., if payments were made to you or to your  |     |
|     |   | relationship or indicate     | institution)  |     |
|     |   | none (add rows as            | ,   |     |
|     |   | needed)                      |   |     |
|     |   | Time frame: Since the initia | l planning of the work  |     |
| 1   | All support for the present                               | X None                       |   |     |
|     | manuscript (e.g., funding,                                |                              |   |     |
|     | provision of study materials,                             |                              |   |     |
|     | medical writing, article                                  |                              |   |     |
|     | processing charges, etc.)                                 |                              |   |     |
|     | No time limit for this item.                              |                              |   |     |
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|     |   |                              |   |     |
|     |   | Time frame: past             | t 36 months   |     |
| 2   | Grants or contracts from                                  | X None                       |   |     |
|     | any entity (if not indicated                              |                              |   |     |
|     | in item #1 above).  |                              |   |     |
| 3   | Royalties or licenses                                     | XNone                        |   |     |
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|       | 1   | I                              |             |
|-------|---|--------------------------------|-------------|
|       |   |                                |             |
| 5     | Payment or honoraria for lectures, presentations, | XNone                          |             |
|       |   |                                |             |
|       | 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                          |             |
|       | pending   |                                |             |
|       |   |                                |             |
| 9     | Participation on a Data                           | X None                         |             |
| ,     | Safety Monitoring Board or                        |                                |             |
|       | Advisory Board                                    |                                |             |
| 10    | Leadership or fiduciary role                      | X None                         |             |
| _0    | in other board, society,                          |                                |             |
|       | committee or advocacy                             |                                |             |
|       | group, paid or unpaid                             |                                |             |
| 11    | Stock or stock options                            | X None                         |             |
|       | Stock of Stock options                            |                                |             |
|       |   |                                |             |
| 12    | Receipt of equipment,                             | X None                         |             |
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|       |   |                                |             |
|       | services  |                                |             |
| 42    |   | V None                         |             |
| 13    | Other financial or non-                           | XNone                          |             |
|       | financial interests                               |                                |             |
|       |   |                                |             |
| ΡΙΔ   | ease summarize the above o                        | onflict of interest in the fol | lowing hox: |
| - ' ' |   |                                |             |
|       | None.   |                                |             |
|       |   |                                |             |

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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

| Date:7/27/23      |   |
|-------------------|---|
| Your Name:        | Daniel Wollin   |
| Manuscript Title: | the AGREE II framework the appropriate tool to evaluate global urolithiasis guidelines? |
| Manuscript numbe  | (if known):TAU-23-411   |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |   | 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) |
|---|---|--|---|
| 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. | _xNone   | planning of the work  |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | Time frame: past _xNone _xNone   | 36 months   |
| 4 | Consulting fees   | Boston Scientific  |   |

| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _xNone |  |
|----|--|--------|--|
| 6  | Payment for expert testimony   | xNone  |  |
| 7  | Support for attending meetings and/or travel   | x_None |  |
| 8  | Patents planned, issued or pending   | x_None |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                      | x_None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | x_None |  |
| 11 | Stock or stock options   | x_None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | x_None |  |
| 13 | Other financial or non-<br>financial interests   | _xNone |  |
|    |  |        |  |

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

| Dr. Wollin reports that he received consulting fees from Boston Scientific. |  |  |
|---|--|--|
|   |  |  |
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|   |  |  |

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

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.