

ICMJE DISCLOSURE FORM

Date: 27th September, 2024

Your Name: Lin Xiong

Manuscript Title: First Use and Evaluation of a Novel 6.3Fr Disposable Flexible Ureteroscope for Stone Management in Duplex Kidney: a Case Report

Manuscript number (if known): TAU-24-315

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)
Time frame: Since the initial planning of the work			
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.	<input checked="" type="checkbox"/> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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No conflict of interest declared.

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

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Date: 27th September, 2024
 Your Name: Kristine J.S. Kwan
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 Manuscript number (if known): TAU-24-315

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Date: 27th September, 2024

Your Name: Xiang Xu

Manuscript Title: First Use and Evaluation of a Novel 6.3Fr Disposable Flexible Ureteroscope for Stone Management in Duplex Kidney: a Case Report

Manuscript number (if known): TAU-24-315

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Date: 27th September, 2024
 Your Name: Geng-Geng Wei
 Manuscript Title: First Use and Evaluation of a Novel 6.3Fr Disposable Flexible Ureteroscope for Stone Management in Duplex Kidney: a Case Report
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Date: 27th September, 2024
 Your Name: Ming-Chi Wang
 Manuscript Title: First Use and Evaluation of a Novel 6.3Fr Disposable Flexible Ureteroscope for Stone Management in Duplex Kidney: a Case Report
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Date: 27th September, 2024
 Your Name: Zhen-Quan Lu
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