

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) BENAMRAN	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morgan ROUPRET
5. Manuscript Title RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA		
6. Manuscript Identifying Number (if you know it) TAU-2019-UTUC-02(TAU-19-576)		

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Dr. BENAMRAN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Seisen	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
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1. Given Name (First Name)

Elias

2. Surname (Last Name)

Naoum

3. Date

19-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

MORGAN ROUPRET

5. Manuscript Title

Risk Stratification for Upper Tract Urinary Carcinoma

6. Manuscript Identifying Number (if you know it)

TAU-2019-UTUC-02(TAU-19-576)

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1. Given Name (First Name) christophe	2. Surname (Last Name) vaessen	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name morgan roupret
5. Manuscript Title RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA		
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1. Given Name (First Name) J�rome	2. Surname (Last Name) Parra	3. Date 22-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morgan Roupret
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1. Given Name (First Name) Pierre	2. Surname (Last Name) Mozer	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morgan roupret
5. Manuscript Title RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA		
6. Manuscript Identifying Number (if you know it) TAU-2019-UTUC-02(TAU-19-576)		

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Definitions.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Sharokh	2. Surname (Last Name) Shariat	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name MORGAN ROUPRET
5. Manuscript Title Risk Stratification for Upper Tract Urinary Carcinoma		
6. Manuscript Identifying Number (if you know it) TAU-2019-UTUC-02(TAU-19-576)		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Morgan

2. Surname (Last Name)
ROUPRÊT

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA

6. Manuscript Identifying Number (if you know it)
TAU-2019-UTUC-02(TAU-19-576)

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