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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: ___ May. 9th, 2021 ___

Your Name: ___ Yanbo Huang ___

Manuscript Title: ___ Bilateral Ileal Ureter Substitution for Patients with Ureteral Strictures Secondary to Gynecological Tumors Radiotherapy: A Multi-center Retrospective Study ___

Manuscript number (if known): ___ TAU-21-255 _____

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

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ICMJE DISCLOSURE FORM

Date: ___ May. 9th, 2021 ___

Your Name: ___ Peng Zhang ___

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ICMJE DISCLOSURE FORM

Date: May. 9th, 2021

Your Name: Xuesong Li

Manuscript Title: Bilateral Ileal Ureter Substitution for Patients with Ureteral Strictures Secondary to Gynecological Tumors Radiotherapy: A Multi-center Retrospective Study

Manuscript number (if known): TAU-21-255 _____

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ICMJE DISCLOSURE FORM

Date: ____ May. 9th, 2021 ____

Your Name: ____ Liqun Zhou ____

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