ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
Jeffrey | Morrison | 22-April-2020

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Simon P. Kim

5. Manuscript Title
SURGICAL MANAGEMENT OF THE LOCALIZED RENAL MASS: RISK AND BENEFIT TRADE-OFFS AND SURGICAL APPROACH CONSIDERATIONS

6. Manuscript Identifying Number (if you know it)
AMJ-2020-SMGM-05(AMJ-20-77)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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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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Dr. Morrison has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Bryn  

2. Surname (Last Name)  
   Launer  

3. Date  
   24-April-2020  

4. Are you the corresponding author?  
   Yes ☐  No ☑  

Corresponding Author's Name  
Simon P. Kim  

5. Manuscript Title  
SURGICAL MANAGEMENT OF THE LOCALIZED RENAL MASS: RISK AND BENEFIT TRADE-OFFS AND SURGICAL APPROACH CONSIDERATIONS  

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Dr. Launer has nothing to disclose.

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<tbody>
<tr>
<td>Zuhair</td>
<td>Barqawi</td>
<td>22-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
- [ ] Yes  
- ✔ No

** Corresponding Author's Name  
Simon P. Kim

5. Manuscript Title  
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<th>Simon</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kim</td>
</tr>
<tr>
<td>3. Date</td>
<td>29-April-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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