

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Morrison	3. Date 22-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Morrison has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

6. Manuscript Identifying Number (if you know it)

AMJ-2020-SMGM-05(AMJ-20-77)

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Are there any relevant conflicts of interest?

Yes

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Yes

No

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Dr. Launer has nothing to disclose.

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1. Given Name (First Name) Zuhair	2. Surname (Last Name) Barqawi	3. Date 22-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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1. Given Name (First Name)

Simon

2. Surname (Last Name)

Kim

3. Date

29-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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