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.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Sheng-Ping  
2. Surname (Last Name)  
   Hung  
3. Date  
   14-April-2020  
4. Are you the corresponding author?  
   Yes  
   No  
   ✔  
   Corresponding Author’s Name  
   Kang-Hsing Fan  
5. Manuscript Title  
   Radiation-associated allograft injury in kidney transplant recipients with urothelial carcinoma  
6. Manuscript Identifying Number (if you know it)  

## 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.)?  

Are there any relevant conflicts of interest?  
   Yes  
   No  
   ✔

## Section 3. Relevant financial activities outside the submitted work.

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   ✔

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Dr. Hung has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Yang-Jen
2. Surname (Last Name) Chiang
3. Date 14-April-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Kang-Hsing Fan
5. Manuscript Title
   Radiation-associated allograft injury in kidney transplant recipients with urothelial carcinoma
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  
Ji-Hong

2. Surname (Last Name)  
Hong

3. Date  
14-April-2020

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

Corresponding Author’s Name  
Kang-Hsing Fan

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Kang-Hsing
2. Surname (Last Name)  Fan
3. Date  14-April-2020
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title
Radiation-associated allograft injury in kidney transplant recipients with urothelial carcinoma

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