ICMJE DISCLOSURE FORM

Date:___Feb 25th, 2020____

Your Name: Anja Reichelt

Manuscript Title: Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

Manuscript number (if known): TAU-21-165

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.

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|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | German Federal Ministry of Education and Research (BMBF) | Funding number: 16SV7862; funding of salary |
|   | No time limit for this item.                                                                   |                                                                                  |
| 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 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony             | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending       | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                   | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests| _X_ None |

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None

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Date:_____April 23rd, 2021____
Your Name:___Franz Dressler___
Manuscript Title:_____ Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation
Manuscript number (if known):___________ TAU-21-165_____________________________

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| **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.** | BMBF (German Federal Ministry of Education and Research) Research grant for the present project, no conflict of interest |
|   |                                                                                                |                                                                                 |
| **Time frame: past 36 months** |                                                                                   |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | Else-Kröner-Fresenius-Stiftung Research grant, not related to the present work |
| 3 | Royalties or licenses                                                                        | __X__ None                                                                     |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 4 | Consulting fees                                                | _X_ None |
| 5 | Payment or honoraria for lectures, presentations,              | _X_ None |
|   | speakers bureaus, manuscript writing or educational events     |   |
| 6 | Payment for expert testimony                                   | _X_ None |
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|   | Board                                                           |   |
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|   | committee or advocacy group, paid or unpaid                     |   |
|11 | Stock or stock options                                         | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing,       | _X_ None |
|   | gifts or other services                                        |   |
|13 | Other financial or non-financial interests                      | _X_ None |

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form.
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Date: ___Feb 25th, 2020____

Your Name: ___Christian Gratzke _________

**Manuscript Title:** Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

**Manuscript number (if known):** TAU-21-165

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| | **No time limit for this item.** | |
| **Time frame: past 36 months** | | |
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| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Description                                                                 | _X_ None |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |          |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                      | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                  | _X_ None |

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Date: ___April 17th, 2021
Your Name: ___Arkadiusz Miernik
Manuscript Title: Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation
Manuscript number (if known): TAU-21-165

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|   | **No time limit for this item.**                                                                 |                                                                                  |
| **Time frame: past 36 months**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | German Ministry of Education and Research                                         |
| 3 | Royalties or licenses                                                                          | Walter de Gruyter, DE, Springer Science+Business Media, DE                       |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | KLS Martin GmbH, DE, Dornier MedTech Europe GmbH, RichardWolf GmbH, DE, KarlStorz SE & Co. KG, DE, Lisa laser OHG, DE, Boston Scientific, USA, Dornier MedTech Europe GmbH, DE, Medi-Tate Ltd., IL; b.braun New ventures GmbH, Freiburg, DE |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Ludwig Boltzmann Gesellschaft, A |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | German Association of Urology (DGU), DE, European Association of Urology (EAU), |
| 8 | Patents planned, issued or pending | https://patents.google.com/?inventor=miernik+arkadiusz&oq=miernik+arkadiusz |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |
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**Date:** ___Feb 25th, 2020____
**Your Name:** ___Dominik Schoeb________

**Manuscript Title:** Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

**Manuscript number (if known):** TAU-21-165

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|   |                                                                                                 |                                                                                  |
|   | **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                                                                     |                                                                                  |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 4 | Consulting fees                                                             | _X_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                 | _X_ None |
| 7 | Support for attending meetings and/or travel                                  | _X_ None |
| 8 | Patents planned, issued or pending                                           | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                        | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                    | _X_ None |

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