ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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 |
|---------------------------|------------------------|--------|
| Ryan                      | Pereira                | 27-March-2020 |

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

Corresponding Author's Name

Ian Vela

5. Manuscript Title

Open retropubic radical prostatectomy

6. Manuscript Identifying Number (if you know it)

10.21037/tau.2019.09.15

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Dr. Pereira has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date          |
|----------------------------|------------------------|------------------|
| Andre                      | Joshi                  | 24-March-2020    |

| 4. Are you the corresponding author? |  |  |
|-------------------------------------|--|---|
| Yes                                 | No | |

| 5. Manuscript Title                 |
|-------------------------------------|
| Open Retropubic Radical Prostatectomy |

| 6. Manuscript Identifying Number (if you know it) |
|--------------------------------------------------|
| TAU-2019-SUC-07(TAU-19-275)                     |

## 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

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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Joshi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Roberts
3. Date 24-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author’s Name Dr Ian Vela
5. Manuscript Title Open Retropubic Radical Prostatectomy
6. Manuscript Identifying Number (if you know it) TAU-2019-SUC-07(TAU-19-275)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Roberts has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date             |
|---------------------------|------------------------|---------------------|
| John                      | Yaxley                 | 27-March-2020       |

4. Are you the corresponding author?  
   - Yes  
   - No

5. Manuscript Title  
   Open retropubic radical prostatectomy

6. Manuscript Identifying Number (if you know it)  
   10.21037/tau.2019.09.15

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Dr. Yaxley has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ian

2. Surname (Last Name)  
   Vela

3. Date  
   24-March-2020

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

5. Manuscript Title  
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Dr. Vela has nothing to disclose.

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