**ICMJE DISCLOSURE FORM**

**Date:** 27/11/2021  
**Your Name:** Paul Spiesecke  
**Manuscript Title:** Diagnostic performance of MRI and US in suspicion of penile fracture  
**Manuscript number (if known):** TAU-21-957

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.** | _X_ None  
| | | |
| **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  
| | | |
| 4 | Consulting fees | _X_ None  
| | | |
|   | Description                                                                                          | X |   |
|---|------------------------------------------------------------------------------------------------------|---|---|
| 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 |   |

Please summarize the above conflict of interest in the following box:

None

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: ____________________________
Your Name: Josef Mang
Manuscript Title: Diagnostic performance of MRI and US in suspicion of penile fracture
Manuscript number (if known): TAU-21-957

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
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| 11| Stock or stock options                                                      | None     |
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| 13| Other financial or non-financial interests                                   | None     |

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| 3 | Royalties or licenses                                                                      | **None**                                                                            |
| 4 | Consulting fees                                                                            | **None**                                                                            |
|   |                                                                                      | None |
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Date: 
Your Name: Bernd Hamm
Manuscript Title: Diagnostic performance of MRI and US in suspicion of penile fracture
Manuscript number (if known): TAU-21-957

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**No time limit for this item.** | **None** |
| **2** | **Grants or contracts from any entity (if not indicated in item #1 above).** | **None** |
| **3** | **Royalties or licenses** | **None** |
| **4** | **Consulting fees** | **None** |

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Date: 
Your Name: Markus H. Lerchbaumer
Manuscript Title: Diagnostic performance of MRI and US in suspicion of penile fracture
Manuscript number (if known): TAU-21-957

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| 8 | Patents planned, issued or pending                                                                            | None   |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid             | None   |
| 11| Stock or stock options                                                                                         | None   |
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