ICMJE Form for Disclosure of Potential Conflicts of Interest

[Header]

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 |
|---------------------------|------------------------|---------|
| Alice                     | Thomson                | 22-March-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   
   Corresponding Author's Name  
   Prof. Shomik Sengupta

5. Manuscript Title  
   Transperineal prostate biopsy: A review of technique

6. Manuscript Identifying Number (if you know it)  
   TAU-2019-SUC-12

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. Thomson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mo
2. Surname (Last Name)  Li
3. Date  20-March-2020
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Shomik Sengupta
5. Manuscript Title  Transperineal prostate biopsy: a review of technique
6. Manuscript Identifying Number (if you know it)  TAU-2019-SUC-12

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 1. Identifying Information**

1. Given Name (First Name)  
   Jeremy

2. Surname (Last Name)  
   Grummet

3. Date  
   20-March-2020

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

   Corresponding Author’s Name  
   SHOMIK SENGUPTA

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Dr. Grummet has nothing to disclose.

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1. Given Name (First Name)  
   Shomik  
2. Surname (Last Name)  
   Sengupta  
3. Date  
   23-March-2020  
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   No  
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