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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Paola                     | Calleja Hermosa        | 11-January-2021 |

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

5. Manuscript Title
   Sexual function after anterior urethroplasty. A systematic review

6. Manuscript Identifying Number (if you know it)
   TAU-20-1307-R1

## 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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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Section 6. Disclosure Statement

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Dr. Calleja Hermosa has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Felix

2. Surname (Last Name)  
   Campos-Juanatey

3. Date  
   11-January-2021

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

Corresponding Author's Name  
Paola Calleja Hermosa

5. Manuscript Title  
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Dr. Campos-Juanatey has nothing to disclose.

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Varea Malo 1
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Raquel

2. **Surname (Last Name)**
   - Varea Malo

3. **Date**
   - 11-January-2021

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Sexual function after anterior urethroplasty. A systematic review

6. **Manuscript Identifying Number (if you know it)**
   - TAU-20-1307-R1

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Dr. Varea Malo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Miguel Ángel

2. Surname (Last Name)  
Correas Gómez

3. Date  
11-January-2021

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

Corresponding Author's Name  
Paola Calleja Hermosa

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Dr. Correas Gómez has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jose Luis
2. Surname (Last Name)  Gutiérrez Baños
3. Date  11-January-2021
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Sexual function after anterior urethroplasty. A systematic review
6. Manuscript Identifying Number (if you know it)  TAU-20-1307-R1

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