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### Section 1. Identifying Information

| 1. Given Name (First Name) | Andrew |
| 2. Surname (Last Name) | Cohen |
| 3. Date | 01-March-2021 |
| 4. Are you the corresponding author? | ☑ No |

**Corresponding Author's Name**

Benjamin Breyer

| 5. Manuscript Title |
| Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization |

| 6. Manuscript Identifying Number (if you know it) |
| TAU-20-988-R2 |

### 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? ☑ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☑ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Section 5. Relationships not covered above

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Dr. Cohen 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) | Philip |
|----------------------------|--------|
| 2. Surname (Last Name)    | Cheng  |
| 3. Date                   | 03-March-2021 |
| 4. Are you the corresponding author? | Yes ☐ No ☑ |
| Corresponding Author's Name | Benjamin Breyer |
| 5. Manuscript Title       | Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization |
| 6. Manuscript Identifying Number (if you know it) | TAU-20-988-R2 |

## 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 ☑

## Section 3. Relevant financial activities outside the submitted work.

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sikai

2. Surname (Last Name)  
   Song

3. Date  
   02-March-2021

4. Are you the corresponding author?  
   ☑ No

Corresponding Author's Name  
   Benjamin Breyer

5. Manuscript Title  
   Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

6. Manuscript Identifying Number (if you know it)  
   TAU-20-988-R2

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| German                    | Patino                 | 26-February-2021 |

4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Benjamin Breyer

Manuscript Title
Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

Manuscript Identifying Number (if you know it)
TAU-20-988-R2

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

Intellectual Property -- Patents & Copyrights

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Dr. Patino 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)  
   Jeremy

2. Surname (Last Name)  
   Myers

3. Date  
   25-February-2021

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

Corresponding Author’s Name  
Benjamin N. Breyer

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

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Samit
2. Surname (Last Name) Roy
3. Date 24-February-2021
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author's Name
Benjamin Breyer

5. Manuscript Title
Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization
6. Manuscript Identifying Number (if you know it)
TAU-20-988-R2

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Roy has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
Sean

2. Surname (Last Name)  
Elliott

3. Date  
25-February-2021

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

Corresponding Author’s Name  
Benjamin N. Breyer

5. Manuscript Title  
Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

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Are there any relevant conflicts of interest?  
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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Urotronic      | ✔      | ☐             | ☐                      | ☐      | PI of a randomized trial of a drug coated balloon for urethral stricture |

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

If yes, please fill out the appropriate information below.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Elliott reports grants from Urotronic, outside the submitted work.

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)  
   Joseph

2. Surname (Last Name)  
   Pariser

3. Date  
   25-February-2021

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Ben Breyer

5. Manuscript Title  
   Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

6. Manuscript Identifying Number (if you know it)  
   TAU-20-988-R2

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Are there any relevant conflicts of interest?  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement
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Dr. Pariser 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)  Justin
2. Surname (Last Name)  Drobish
3. Date  02-March-2021
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author's Name  Benjamin Breyer

5. Manuscript Title
Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

6. Manuscript Identifying Number (if you know it)
TAU-20-988-R2

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Are there any relevant conflicts of interest?  Yes  No  ✔

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Section 1. Identifying Information

1. Given Name (First Name)  
   Bradley

2. Surname (Last Name)  
   Erickson

3. Date  
   03-March-2021

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Benjamin Breyer

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   TAU-20-988-R2

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Dr. Erickson has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Thomas                    | Fuller                 | 01-March-2021 |

| 4. Are you the corresponding author? | 5. Manuscript Title |
|-------------------------------------|---------------------|
| No                                  | Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization |

| 6. Manuscript Identifying Number (if you know it) |
|---------------------------------------------------|
| TAU-20-988-R2                                      |

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Are there any relevant conflicts of interest?  

| 1. Intellectual Property -- Patents & Copyrights |
|--------------------------------------------------|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

| 4. Yes  | 5. No |
|---------|-------|

**Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  

| 1. Yes  | 5. No |
|---------|-------|

**Section 4.**

| 1. Intellectual Property -- Patents & Copyrights |
|--------------------------------------------------|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

| 4. Yes  | 5. No |
|---------|-------|
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Fuller 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)  
   Jill

2. Surname (Last Name)  
   Buckley

3. Date  
   25-February-2021

4. Are you the corresponding author?  
   Yes  
   No

5. Manuscript Title  
   Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

6. Manuscript Identifying Number (if you know it)  
   TAU-20-988-R2

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   Yes  
   No

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
   Yes  
   No

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   Yes  
   No
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Dr. Buckley has nothing to disclose.

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5. **Relationships not covered above.**

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Alex
2. Surname (Last Name) Vanni
3. Date 02-March-2021
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Benjamin N. Breyer

5. Manuscript Title
Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

6. Manuscript Identifying Number (if you know it)
TAU-20-988-R2

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? ☑ No

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant | Personal Fees | Non-Financial Support | Other | Comments |
|----------------|-------|---------------|-----------------------|-------|----------|
| Orchestra Biomed | ☑     | ☑            | ☐                     | ☐     |          |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes ☑ No
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Dr. Vanni reports personal fees from Orchestra Biomed, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Nima

2. Surname (Last Name)  
   Baradaran

3. Date  
   24-February-2021

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

Corresponding Author's Name  
Benjamin N. Breyer

5. Manuscript Title  
Multicenter urethroplasty outcomes for urethral stricture disease for patients with neurogenic bladder or bladder dysfunction requiring clean intermittent catheterization

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Section 1. Identifying Information

1. Given Name (First Name) Benjamin
2. Surname (Last Name) Breyer
3. Date 24-February-2021
4. Are you the corresponding author? ✔ Yes □ No

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