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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Inoue
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Shogo

2. Surname (Last Name)  
   Inoue

3. Date  
   09-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Effect of Penile Rehabilitation with Low-intensity Extracorporeal Shock Wave Therapy on Erectile Function Recovery  
   Following Robot-assisted Radical Prostatectomy

6. Manuscript Identifying Number (if you know it)  
   TAU-19-888-R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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   No

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Dr. Inoue 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)  
   Tetsutaro

2. Surname (Last Name)  
   Hayashi

3. Date  
   09-May-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Effect of Penile Rehabilitation with Low-intensity Extracorporeal Shock Wave Therapy on Erectile Function Recovery Following Robot-assisted Radical Prostatectomy

6. Manuscript Identifying Number (if you know it)  
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Dr. Hayashi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Teishima

3. Date  
   09-May-2020

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

Corresponding Author's Name  
Shogo Inoue

5. Manuscript Title  
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Teishima
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date          |
|---------------------------|------------------------|------------------|
| Akio                      | Matsubara              | 09-May-2020      |

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

Corresponding Author's Name  
Shogo Inoue

5. Manuscript Title  
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