ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Andrew
2. Surname (Last Name)  Mazzone
3. Date  10-March-2021
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

6. Manuscript Identifying Number (if you know it)
TAU-20-1287-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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Dr. Mazzone 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)  
   Ross

2. Surname (Last Name)  
   Anderson

3. Date  
   07-March-2021

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Andrew Mazzone

5. Manuscript Title  
   Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

6. Manuscript Identifying Number (if you know it)  
   TAU-20-1287-R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ☑ No

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Dr. Anderson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Bryan

2. Surname (Last Name)  
   Voelzke

3. Date  
   07-March-2021

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Andrew Mazzone

5. Manuscript Title  
   Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

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Dr. Voelzke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alex

2. Surname (Last Name)  
   Vanni

3. Date  
   07-March-2021

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Andrew Mazzone

5. Manuscript Title  
   Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

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If yes, please fill out the appropriate information below.

| Name of Entity          | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments                                                                 |
|-------------------------|--------|----------------|------------------------|--------|--------------------------------------------------------------------------|
| Expert Testimonial      | ☐      | ✔              |                        | ☐      | Not related to any patients in the current study.                        |
| Orchestra Biomed        | ☐      | ☐              |                        | ☐      | Consulting agreement unrelated to the current study.                     |

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 Expert Testimonial, other from Orchestra Biomed, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Sean
2. Surname (Last Name) Elliott
3. Date 07-March-2021
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Andrew Mazzone

5. Manuscript Title
Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

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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 |
|----------------------|--------|----------------|------------------------|--------|----------|
| Urotronic            | ☑      | ☐              | ☐                      | ☐      | Pi for a randomized trial of a drug coated balloon for urethral stricture. |
| Boston Scientific    | ☐      | ☑              | ☐                      | ☐      | Consultant |
| Percuvision          | ☐      | ☐              | ☐                      | ☑      | Shareholder |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ 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. Elliott reports grants from Urotronic, personal fees from Boston Scientific, other from Percuvision, outside the submitted work; .

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Royalties: Funds are coming in to you or your institution due to your patent

Breyer
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Benjamin
2. Surname (Last Name)  Breyer
3. Date  07-March-2021
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title  Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

6. Manuscript Identifying Number (if you know it)  TAU-20-1287-R1

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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Are there any relevant conflicts of interest?  Yes  ✔  No

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

Section 5. Relationships not covered above

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Dr. Breyer 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)  
   Bradley

2. Surname (Last Name)  
   Erickson

3. Date  
   07-March-2021

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Andrew Mazzone

5. Manuscript Title  
   Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

6. Manuscript Identifying Number (if you know it)  
   TAU-20-1287-R1

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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Are there any relevant conflicts of interest?  
   Yes  ✔  No

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?

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Dr. Erickson 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  
   07-March-2021

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

   Corresponding Author’s Name  
   Andrew Mazzone

5. Manuscript Title  
   Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty

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[ ] Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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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 07-March-2021 
4. Are you the corresponding author? [ ] Yes [ ] No 

Corresponding Author's Name Andrew Mazzone 

5. Manuscript Title 
Sexual Function Following Pelvic Fracture Urethral Injury and Posterior Urethroplasty 

6. Manuscript Identifying Number (if you know it) 
TAU-20-1287-R1 

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Dr. Myers has nothing to disclose.

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