ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Identifying information.

The work under consideration for publication.

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Intellectual Property.

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

Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Luke

2. Surname (Last Name)  
   Bonham

3. Date  
   21-March-2020

4. Are you the corresponding author?  
   Yes  
   No

5. Manuscript Title  
   Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report

6. Manuscript Identifying Number (if you know it)  
   TAU-19-897 R3

### 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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  

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   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
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Mr. Bonham has nothing to disclose.

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Herati
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Amin

2. Surname (Last Name)  
   Herati

3. Date  
   21-March-2020

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

   Corresponding Author’s Name  
   Jan Fritz

5. Manuscript Title  
   Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report

6. Manuscript Identifying Number (if you know it)  
   TAU-19-897

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

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

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

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

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Herati 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) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|--------|
| Edward                    | McCarthy               | 23-March-2020 |

4. Are you the corresponding author?  
   - Yes
   - No  
   
5. Manuscript Title
   Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report

6. Manuscript Identifying Number (if you know it)
   TAU-19-897 R3

## Section 2. The Work Under Consideration for Publication

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   - Yes
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Dr. McCarthy 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)  
A Lee

2. Surname (Last Name)  
Dellon

3. Date  
18-March-2020

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

Corresponding Author’s Name  
Jan Fritz

5. Manuscript Title  
Diagnostic and Interventional Magnetic Resonance Neurography Diagnosis of Brachytherapy Seed-mediated Pudendal Nerve Injury Case Report

6. Manuscript Identifying Number (if you know it)  
T  au- 19 -897 R3

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Dr. Dellon has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jan  
2. Surname (Last Name)  
   Fritz  
3. Date  
   18-March-2020  
4. Are you the corresponding author?  
   ✔ Yes   ✗ No  
5. Manuscript Title  
   Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report  
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   ✔ Yes   ✗ No  
If yes, please fill out the appropriate information below.

| Name of Entity               | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------------------|--------|----------------|------------------------|--------|----------|
| Siemens Healthcare USA       | ✔      | ✔              | ✔                      | ✗      |          |
| General Electric Healthcare  | ✗      | ✔              | ✗                      | ☑      |          |
| Zimmer                       | ✗      | ✗              | ✔                      | ✗      |          |
| DePuy                        | ✗      | ✗              | ✗                      | ✗      |          |
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Dr. Fritz reports grants, personal fees and non-financial support from Siemens Healthcare USA, personal fees and non-financial support from General Electric Healthcare, non-financial support from Zimmer, non-financial support from DePuy, outside the submitted work. 

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