

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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3. Relevant financial activities outside the submitted work.

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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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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



Section 1.	Identifying Information						
1. Given Name (Fi Martin	rst Name)	2. Surname (Last Name) Connor	3. Date 18-March-2020				
4. Are you the corresponding author?		✓ Yes No					
5. Manuscript Title Prostate imaging	e g and focal therapy						
6. Manuscript Ide	ntifying Number (if you k	now it)					

2020;9(Suppl 4) S434-S435

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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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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	
Wellcome Trust Charity	\checkmark					
University College London Hospital Charity	\checkmark					

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No



Section 5. Relationships not covered above

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

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Connor reports grants from Wellcome Trust Charity, grants from University College London Hospital Charity, outside the submitted work; .

Evaluation and Feedback



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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Saiful	2. Surname (Last Name) Miah	3. Date 19-March-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Mr Martin Connor
5. Manuscript Title Prostate imaging and focal therapy		

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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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	🗸 N	lo



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Section 6. Disclosure Statement

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Dr. Miah has nothing to disclose.

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Section 1. Identifying Inform	mation	
1. Given Name (First Name) Taimur	2. Surname (Last Name) Shah	3. Date 19-March-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Mr Martin J Connor
5. Manuscript Title Prostate imaging and focal therapy		

6. Manuscript Identifying Number (if you know it)

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Dr. Shah has nothing to disclose.

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Section 1. Identifying Inform	1. Identifying Information					
1. Given Name (First Name) Hashim	2. Surnam Ahmed	ne (Last Name)		3. Date 18-March-2020		
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Nar	ne		
5. Manuscript Title Prostate Imaging and Focal Therapy						

Special edition

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\checkmark	No	

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SonaCare Medical Inc	\checkmark	\checkmark			
Trod Medical	\checkmark	\checkmark			
Sophiris Bio Inc	\checkmark	\checkmark			
Boston Scientific	\checkmark	\checkmark			
NIHR UK	\checkmark				
Wellcome Trust	\checkmark				
Prostate Cancer UK	\checkmark				
Imperial Biomedical Research Centre	\checkmark				



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
The Urology Foundation	\checkmark					
BMA Foundation	\checkmark					
Imperial Healthcare Charity	\checkmark					
University College London Hospital Charity	\checkmark					
MRC (UK)	\checkmark					

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Dr. Ahmed reports grants and personal fees from SonaCare Medical Inc, grants and personal fees from Trod Medical, grants and personal fees from Sophiris Bio Inc, grants and personal fees from Boston Scientific, grants from NIHR UK, grants from Wellcome Trust, grants from Prostate Cancer UK, grants from Imperial Biomedical Research Centre, grants from The Urology Foundation, grants from BMA Foundation, grants from Imperial Healthcare Charity, grants from University College London Hospital Charity, grants from MRC (UK), outside the submitted work; .

🖌 No



Evaluation and Feedback