

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Danielle	2. Surname (Last Name) van Diepen	3. Date 29-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joost Boormans
5. Manuscript Title Editorial CORAL trial: Open versus minimal invasive radical cystectomy		
6. Manuscript Identifying Number (if you know it) TAU-20-878(E2020030433-31740072)		

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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Section 6. Disclosure Statement

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Dr. van Diepen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Tahlita	2. Surname (Last Name) Zuiverloon	3. Date 29-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joost L. Boormans
5. Manuscript Title Editorial on the CORAL trial		
6. Manuscript Identifying Number (if you know it)		

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

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Dr. Zuiverloon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Onno Sjoerd	2. Surname (Last Name) Klaver	3. Date 04-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joost L Boormans
5. Manuscript Title Editorial to Coral trial		
6. Manuscript Identifying Number (if you know it) -		

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Section 1. Identifying Information

1. Given Name (First Name)

Joost

2. Surname (Last Name)

Boormans

3. Date

29-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Editorial on the CORAL trial

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