

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Salome	2. Surname (Last Name) Niggli	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. med. Kathrin Bausch
5. Manuscript Title Bartholin gland cyst in a transgender male: Case report of a rare occurrence		
6. Manuscript Identifying Number (if you know it) TAU-20-733		

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

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Niggli 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)  
Kathrin

2. Surname (Last Name)  
Bausch

3. Date  
11-May-2020

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

5. Manuscript Title  
Bartholin gland cyst in a transgender male: Case report of a rare occurrence

6. Manuscript Identifying Number (if you know it)  
TAU-20-733

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Dr. Bausch 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) Barbara	2. Surname (Last Name) Mijuskovic	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. med. Kathrin Bausch
5. Manuscript Title Bartholin gland cyst in a transgender male: Case report of a rare occurrence		
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Dr. Mijuskovic 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) David	2. Surname (Last Name) Garcia Nunez	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. med. Kathrin Bausch
5. Manuscript Title Bartholin gland cyst in a transgender male: Case report of a rare occurrence		
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Dr. Garcia Nunez has nothing to disclose.

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1. Given Name (First Name) Jan	2. Surname (Last Name) Vosshenrich	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Kathrin Bausch
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Dr. Vosshehrich has nothing to disclose.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

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**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 patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dirk Johannes	2. Surname (Last Name) Schaefer	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. med. Kathrin Bausch
5. Manuscript Title Bartholin gland cyst in a transgender male: Case report of a rare occurrence		
6. Manuscript Identifying Number (if you know it) TAU-20-733		

### 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**.

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

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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. Schaefer has nothing to disclose.

### Evaluation and Feedback

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## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hans Helge	2. Surname (Last Name) Seifert	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. med. Kathrin Bausch
5. Manuscript Title Bartholin gland cyst in a transgender male: Case report of a rare occurrence		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Seifert 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) Antje	2. Surname (Last Name) Feicke	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. med. Kathrin Bausch
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Feicke has nothing to disclose.

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