

ICMJE DISCLOSURE FORM

Date: 15th January 2022

Your Name: DR SARITA DAS

Manuscript Title: PROBIOTICS IN COMMON UROLOGICAL CONDITIONS

Manuscript number (if known): LCM-21-62

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
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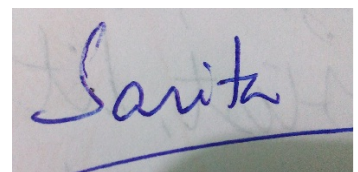
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



ICMJE DISCLOSURE FORM

Date: 15th January 2022

Your Name: SHAIKH AMEERUDDIN

Manuscript Title: PROBIOTICS IN COMMON UROLOGICAL CONDITIONS

Manuscript number (if known): LCM-21-62

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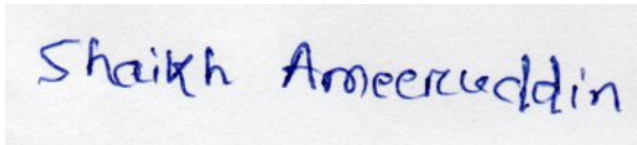
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Shaikh Ameeruddin