

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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)  
Alexander

2. Surname (Last Name)  
Popov

3. Date  
24-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Karina Abramyan

5. Manuscript Title  
Trocar-guided mesh for POP: complications, prevention and treatment

6. Manuscript Identifying Number (if you know it)

### 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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Dr. Popov has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Karina

2. Surname (Last Name)

Abramyan

3. Date

24-February-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trocar-guided mesh for POP: complications, prevention and treatment

6. Manuscript Identifying Number (if you know it)

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Dr. Abramyan has nothing to disclose.

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1. Given Name (First Name)

Ivan

2. Surname (Last Name)

Klyushnikov

3. Date

24-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Karina Abramyan

5. Manuscript Title

Mesh vaginal colpopexy complications analysis. Multicenter study results.

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name) George	2. Surname (Last Name) Kasyan	3. Date 24-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karina Abramyan
5. Manuscript Title Trocar-guided mesh for POP: complications, prevention and treatment		
6. Manuscript Identifying Number (if you know it)		

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