

ICMJJE DISCLOSURE FORM

Date: _____ 1/14/2024 _____

Your Name: Poone Shoureshi

Manuscript Title: Female Sexual Dysfunction: Lack of Change in Physician Practice Patterns Over Time

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u> </u> X <u> </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> X <u> </u> None	
3	Royalties or licenses	<u> </u> X <u> </u> None	
4	Consulting fees	X <u> </u> None	
5	Payment or honoraria for	<u> </u> X <u> </u> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 1/14/2024
Your Name: Alexandra Dubinskaya
Manuscript Title: Female Sexual Dysfunction: Lack of Change in Physician Practice Patterns Over Time
Manuscript number (if known): _____

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<input checked="" type="radio"/> None |
| 3 | Royalties or licenses | <input checked="" type="radio"/> None |
| 4 | Consulting fees | <input checked="" type="radio"/> None |

manuscript writing or
educational events

6 Payment for expert
testimony

None

7 Support for attending
meetings and/or travel

None

8 Patents planned, issued or
pending

None

9 Participation on a Data
Safety Monitoring Board
or Advisory Board

None

10 Leadership or fiduciary
role in other board,
society, committee or
advocacy group, paid or
unpaid

None

11 Stock or stock options

None

12 Receipt of equipment,
materials, drugs, medical
writing, gifts or other
services

None

13 Other financial or non-
financial interests

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Date: 1/14/2024

Your Name: CATHERINE BRESEE

Manuscript Title: Female Sexual Dysfunction: Lack of Change in Physician Practice Patterns Over Time

Manuscript number (if known): _____

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3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> _X_ None	
6	Payment for expert testimony	<input type="checkbox"/> _X_ None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> _X_ None	
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Date: 1/14/2024

Your Name: MICKEY KARRAM 

Manuscript Title: Female Sexual Dysfunction: Lack of Change in Physician Practice Patterns Over Time

Manuscript number (if known): _____

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Date: 01/14/2024

Your Name: Karyn Eilber MD

Manuscript Title: Female Sexual Dysfunction: Lack of Change in Physician Practice Patterns Over Time

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5		__X__ None	

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