

ICMJE DISCLOSURE FORM

Date: 4.7.2023

Your Name: Klaus Goeschen

Manuscript Title *Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin graft.*

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	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.	<input checked="" type="checkbox"/> None	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or	<input type="checkbox"/> X <input type="checkbox"/> None	

	advocacy group, paid or unpaid		
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.

ICMJE DISCLOSURE FORM

Date: 25 July 2023

Your Name: Andrew Browning

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin graft

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 11th July 2023

Your Name: PROFESSOR GORDON WILLIAMS

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin graft

Manuscript number (if known):

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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X 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: 5th July 2023

Your Name: Darren M. Gold

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin graft

Manuscript number (if known):

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4	Consulting fees	_____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 21th July 2023

Your Name: Alfons Gunnemann

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin graft

Manuscript number (if known):

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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ICMJE DISCLOSURE FORM

Date: 04.07.2023
Your Name: IDN-ANARE? MÜLLER-FUNOGEA
Manuscript Title: Tethered Vagina Syndrome- massive urine loss caused by bladder neck scarring cured by skin graft.
Manuscript number (if known):

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No time limit for this item.

Time frame: past 36 months

- 2 Grants or contracts from any entity (if not indicated in item #1 above) None
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- 4 Consulting fees None
- 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or None

educational events

6 Payment for expert testimony None

7 Support for attending meetings and/or travel None

8 Patents planned, issued or pending None

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10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None

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