

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Tae David

2. Surname (Last Name)
Kim

3. Date
03-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Slawomir Marecik

5. Manuscript Title
Transanal repair of a recto-urethral fistula after robotic prostatectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sany	2. Surname (Last Name) Thomas	3. Date 03-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Slawomir Marecik
5. Manuscript Title Transanal repair of a recto-urethral fistula after robotic prostatectomy		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Thomas has nothing to disclose.

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1. Given Name (First Name) Kunal	2. Surname (Last Name) Kochar	3. Date 03-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Slawomir Marecik
5. Manuscript Title Transanal repair of a recto-urethral fistula after robotic prostatectomy		
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1. Given Name (First Name) John	2. Surname (Last Name) Park	3. Date 03-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Slawomir Marecik
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