

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Chandrapal

3. Date

26-June-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Corporal excavation and penile prosthesis placement for severe corporal fibrosis

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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Chandrapal 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)
Gregory

2. Surname (Last Name)
Barton

3. Date
26-June-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jason Chandrapal

5. Manuscript Title
Corporal excavation and penile prosthesis placement for severe corporal fibrosis

6. Manuscript Identifying Number (if you know it)
JOVS-2019-PPS-02

Section 2. The Work Under Consideration for Publication

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Dr. Barton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Brousell	3. Date 26-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jason Chandrapal
5. Manuscript Title Corporal excavation and penile prosthesis placement for severe corporal fibrosis		
6. Manuscript Identifying Number (if you know it) JOVS-2019-PPS-02		

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Section 1. Identifying Information

1. Given Name (First Name)

Aaron

2. Surname (Last Name)

Lentz

3. Date

26-June-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Corporal excavation and penile prosthesis placement for severe corporal fibrosis

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Coloplast Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and consultant
Boston Scientific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and consultant

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Dr. Lentz reports other from Coloplast Corporation, other from Boston Scientific, outside the submitted work; .

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