

## ICMJE DISCLOSURE FORM

**Date:** March 30, 2023

**Your Name:** Daniel R. Greenberg, MD

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

**Manuscript number (if known):** TAU-23-76

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.

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

## ICMJJE DISCLOSURE FORM

**Date:** 3/30/2023

**Your Name:** Alex V. Stanisic, BS

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

**Manuscript number (if known):** TAU-23-76

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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	None	

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

I have no conflicts of interest to report.

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

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:** 3/30/23

**Your Name:** Minh N. Pham, MD

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

**Manuscript number (if known):** TAU-23-76

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

None
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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:** 4/1/2023

**Your Name:** Matthew T. Hudnall, MD, MPH

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

**Manuscript number (if known):** TAU-23-76

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

I have no conflict of interest to disclose

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

  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:** 4/4/2023

**Your Name:** Siddhant S. Ambulkar, BS

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

**Manuscript number (if known):** TAU-23-76

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No conflicts of interests to declare.

**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:** April 4, 2023

**Your Name:** Robert E. Brannigan, MD

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

**Manuscript number (if known):** TAU-23-76

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None

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## ICMJE DISCLOSURE FORM

**Date:** April 1, 2023

**Your Name:** Richard J. Fantus, MD

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

**Manuscript number (if known):** TAU-23-76

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## ICMJE DISCLOSURE FORM

**Date:** 3/31/23

**Your Name:** Joshua A. Halpern, MS, MD

**Manuscript Title:** Factors Associated with Undergoing Microdissection Testicular Sperm Extraction among Men with Non-Obstructive Azoospermia Following Evaluation by a Reproductive Urologist

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