

ICMJE DISCLOSURE FORM

Date: 7-31-2023

Your Name: Guiting Lin

Manuscript Title: Microenergy Shockwave Therapies for Female Stress Urinary Incontinence

Manuscript number (if known): TAU-23-9(TAU-2022-AUS-09)

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**.

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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.

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| 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. | 1R01DK124609 | National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health under Award Number 1R01DK124609 |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 1R01DK124609 | |
| | | | |
| | | | |
| 3 | Royalties or licenses | None | |
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|----|--|------|--|
| | | | |
| 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 | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | None | |
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| | | | |
| 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 | |
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| | | | |
| 13 | Other financial or non-financial interests | None | |
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Please summarize the above conflict of interest in the following box:

Research reported in this publication was supported by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health under Award Number 1R01DK124609. Guiting Lin serves as an editorial board member for Translational Andrology and Urology. The authors have no other conflicts of interest 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: May 16,2023

Your Name: Tom F Lue

Manuscript Title: Microenergy Shockwave Therapies for Female Stress Urinary Incontinence.

Manuscript number (if known): TAU-23-09

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| | | | |
| 3 | Royalties or licenses | <u> </u> X <u> </u> None | |

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| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> 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 | Tom F. Lue is a consultant to and shareholder of Acoustic Wave Cell Therapy, Inc. All others have no conflict of interest. | |

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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.