Date: <u>27/10/23</u>	ate: <u>27/10/23</u>		
Your Name: Kale N	1unien		
	_Catheter Associated Meatal Pressure Injuries (CAMPI) In Patients with Long Term A Cross-Sectional Study of 200 patients.		

Manuscript number (if known): TAU-23-445_

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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pending	
Safety Monitoring Board or Advisory Board	
10 Leadership or fiduciary role in other board, society, committee or advocacy None	
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	

None.

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

Date: 27/10/23	ate: <u>27/10/23</u>		
Your Name:	Kapilan Ravichandran		
•	:Catheter Associated Meatal Pressure Injuries (CAMPI) In Patients with Long Term ters – A Cross-Sectional Study of 200 patients.		

Manuscript number (if known): TAU-23-445_

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1	All support for the present	None	
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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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	

None.

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

Date: <u>27/10/23</u>	
Your Name:	Hannah Flynn
Manuscript Title:	Catheter Associated Meatal Pressure Injuries (CAMPI) In Patients with Long Term
Urethral Catheter	s – A Cross-Sectional Study of 200 patients.

Manuscript number (if known): TAU-23-445_

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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	

None.

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

Date: <u>27/10/23</u>	ate: <u>27/10/23</u>		
Your Name: Na	than Shugg		
	<u>Catheter Associated Meatal Pressure Injuries (CAMPI) In Patients with Long Term</u>		
Urethral Catheter	rs – A Cross-Sectional Study of 200 patients		

Manuscript number (if known): TAU-23-445_

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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	

None.

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

Date: <u>27/10/23</u>	
Your Name: David Flynn	
Manuscript Title:	Catheter Associated Meatal Pressure Injuries (CAMPI) In Patients with Long Term
Irethral Catheters – A Cross-Sectional Study of 200 patients.	

Manuscript number (if known): TAU-23-445_

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	any entity (if not indicated		
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manuscript writing or educational events	5	lectures, presentations,	None	
testimony		manuscript writing or educational events		
meetings and/or travel	6		None	
pending	7		None	
Safety Monitoring Board or Advisory Board	8	-	None	
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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None	10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
materials, drugs, medical writing, gifts or other services	11		None	
13 Other financial or non- None	12	materials, drugs, medical writing, gifts or other services	None	
financial interests	13		None	

None.

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

Date: <u>27/10/23</u>		
Your Name:	Jonathan Chambers	
•	:Catheter Associated Meatal Pressure Injuries (CAMPI) In Patients with Long Term ters – A Cross-Sectional Study of 200 patients.	

Manuscript number (if known): TAU-23-445_

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materials, drugs, medical writing, gifts or other services	11		None	
13 Other financial or non- None	12	materials, drugs, medical writing, gifts or other services	None	
financial interests	13		None	

None.

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

Date: <u>27/10/23</u>	
Your Name:	Devang Desai
Manuscript Title:	Catheter Associated Meatal Pressure Injuries (CAMPI) In Patients with Long Term
Urethral Catheters	– A Cross-Sectional Study of 200 patients.

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manuscript writing or educational events	5	lectures, presentations,	None	
testimony		manuscript writing or educational events		
meetings and/or travel	6		None	
pending	7		None	
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materials, drugs, medical writing, gifts or other services	11		None	
13 Other financial or non- None	12	materials, drugs, medical writing, gifts or other services	None	
financial interests	13		None	

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