Date:			9/13/2023		
Your Name:			Amr A. Elbakry		
Ma	nuscript Title:		Contemporary Treatment of Male Stress Urinary Incontinence at Time of Inflatable Penile Prosthesis Placement		
Ma	nuscript Number (if I	known):	TAU-23-137		
con affe	tent of your manuscrected by the content of	ript. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, yo	the contract of the contract o	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36 r			·	ithout time limit. For all other items, the time	
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			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	⊠ N	one	Click the tab key to add additional rows.	
	this item.				
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	one		
3	Royalties or licenses	× N	one		

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	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.			

Date:			9/13/2021			
You	ır Name:		Luke P. O'Conner			
Mai	nuscript Title:			Contemporary Treatment of Male Stress Urinary Incontinence at Time of Inflatable Penile Prosthesis Placement		
Mai	nuscript Number (if	known):	TAU-23-137			
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epic	-	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time		
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present		None			
	manuscript (e.g.,					
	funding, provision of study materials,			Click the tab key to add additional rows.		
	medical writing,			,		
	article processing charges, etc.)					
	No time limit for this item.					
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2	Grants or		Time frame: past 36 month	5		
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	any entity (if not indicated in item					
	#1 above).					
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licenses

⊠ None

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None 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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	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.			

Date:			9/13/2021		
You	ır Name:		Faysal A. Yafi		
Mai	nuscript Title:		Contemporary Treatment of Male Inflatable Penile Prosthesis Placen	Stress Urinary Incontinence at Time of nent	
Mai	nuscript Number (if I	known):	TAU-23-137		
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epic		nsion, yo	· · · · · · · · · · · · · · · · · · ·	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	⊠ N	one		
	manuscript (e.g.,				
	funding, provision of study materials,			Click the tab key to add additional rows.	
	medical writing,			and the help to due due due to the	
	article processing charges, etc.)				
No time limit for					
	this item.				
			Time frame: past 36 month	S	
2	Grants or contracts from	⊠ N	one		
	any entity (if not				
	indicated in item #1 above).		_		
	πι αυυνεί.				
3	Royalties or licenses	⊠ N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date	e:		9/13/2021		
You	r Name:		John T. Barnard		
Maı	nuscript Title:		Contemporary Treatment of Male Inflatable Penile Prosthesis Placem	Stress Urinary Incontinence at Time of nent	
Mar	nuscript Number (if l	known):	TAU-23-137		
con affe	tent of your manuscr	ipt. "Rel of the ma			
epic	•	nsion, yo		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
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	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or	⊠ N	lone		
	contracts from any entity (if not				
	indicated in item				
	#1 above).				
3	Royalties or licenses	⊠ N	one		

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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	
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