

ICMJE DISCLOSURE FORM

Date: 9/17/23

Your Name: Eric Adams

Manuscript Title: Immediate Salvage for Penile Prosthesis Infection

Manuscript number (if known): TAU-23-277

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Time frame: past 36 months			
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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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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Please summarize the above conflict of interest in the following box:

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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.

ICMJE DISCLOSURE FORM

Date: 9/17/23

Your Name: Rafael Tua-Caraccia

Manuscript Title: Immediate Salvage for Penile Prosthesis Infection

Manuscript number (if known): TAU-23-277

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ICMJE DISCLOSURE FORM

Date: 9/17/23

Your Name: Aaron Lentz

Manuscript Title: Immediate Salvage for Penile Prosthesis Infection

Manuscript number (if known): TAU-23-277

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