

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ryan	2. Surname (Last Name) Pereira	3. Date 27-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ian Vela
5. Manuscript Title Open retropubic radical prostatectomy		
6. Manuscript Identifying Number (if you know it) 10.21037/tau.2019.09.15		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Pereira has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andre	2. Surname (Last Name) Joshi	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Ian Vela
5. Manuscript Title Open Retropubic Radical Prostatectomy		
6. Manuscript Identifying Number (if you know it) TAU-2019-SUC-07(TAU-19-275)		

Section 2. The Work Under Consideration for Publication

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Dr. Joshi has nothing to disclose.

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1. Given Name (First Name) Matthew	2. Surname (Last Name) Roberts	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Ian Vela
5. Manuscript Title Open Retropubic Radical Prostatectomy		
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Dr. Roberts has nothing to disclose.

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1. Given Name (First Name) John	2. Surname (Last Name) Yaxley	3. Date 27-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ian Vela
5. Manuscript Title Open retropubic radical prostatectomy		
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Section 1. Identifying Information

1. Given Name (First Name)
Ian

2. Surname (Last Name)
Vela

3. Date
24-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Dr. Vela has nothing to disclose.

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