

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Luke

2. Surname (Last Name)
Bonham

3. Date
21-March-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Jan Fritz

5. Manuscript Title
Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report

6. Manuscript Identifying Number (if you know it)
TAU-19-897 R3

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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Mr. Bonham has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amin

2. Surname (Last Name)
Herati

3. Date
21-March-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Jan Fritz

5. Manuscript Title
Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report

6. Manuscript Identifying Number (if you know it)
TAU-19-897

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Dr. Herati has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
McCarthy

3. Date
23-March-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jan Fritz

5. Manuscript Title
Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report

6. Manuscript Identifying Number (if you know it)
TAU-19-897 R3

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Dr. McCarthy has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
A Lee

2. Surname (Last Name)
Dellon

3. Date
18-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jan Fritz

5. Manuscript Title
Diagnostic and Interventional Magnetic Resonance Neurography Diagnosis of Brachytherapy Seed-mediated Pudendal Nerve Injury Case Report

6. Manuscript Identifying Number (if you know it)
Tau- 19 -897 R3

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Dr. Dellon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jan	2. Surname (Last Name) Fritz	3. Date 18-March-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Diagnostic and interventional magnetic resonance neurography diagnosis of brachytherapy seed-mediated pudendal nerve injury case report		
6. Manuscript Identifying Number (if you know it) TAU-19-897 R3		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens Healthcare USA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
General Electric Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Dr. Fritz reports grants, personal fees and non-financial support from Siemens Healthcare USA, personal fees and non-financial support from General Electric Healthcare, non-financial support from Zimmer, non-financial support from DePuy, outside the submitted work; .

Evaluation and Feedback

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