

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Information

1. Given Name (First Name)

Shogo

2. Surname (Last Name)

Inoue

3. Date

09-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Effect of Penile Rehabilitation with Low-intensity Extracorporeal Shock Wave Therapy on Erectile Function Recovery Following Robot-assisted Radical Prostatectomy

6. Manuscript Identifying Number (if you know it)

TAU-19-888-R1

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Dr. Inoue has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Tetsutaro

2. Surname (Last Name)

Hayashi

3. Date

09-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Shogo Inoue

5. Manuscript Title

Effect of Penile Rehabilitation with Low-intensity Extracorporeal Shock Wave Therapy on Erectile Function Recovery Following Robot-assisted Radical Prostatectomy

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Dr. Hayashi has nothing to disclose.

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Jun

2. Surname (Last Name)

Teishima

3. Date

09-May-2020

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Yes No

Corresponding Author's Name

Shogo Inoue

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Akio

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Matsubara

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Corresponding Author's Name

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