

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ryan

2. Surname (Last Name)

Larsen

3. Date

23-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Minimal Access to Male Fertility Prices Online: An Analysis of SART Clinics

6. Manuscript Identifying Number (if you know it)

TAU-20-944

Section 2. The Work Under Consideration for Publication

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Dr. Larsen 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) Cole	2. Surname (Last Name) Bowdino	3. Date 30-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ryan G. Larsen
5. Manuscript Title Minimal Access to Male Fertility Prices Online: An Analysis of SART Clinics		
6. Manuscript Identifying Number (if you know it) TAU-20-944		

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. Bowdino has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Melissa

2. Surname (Last Name)

Mathes

3. Date

30-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ryan G. Larsen

5. Manuscript Title

Minimal Access to Male Fertility Prices Online: An Analysis of SART Clinics

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Section 1. Identifying Information

1. Given Name (First Name) Stephanie	2. Surname (Last Name) Gustin	3. Date 28-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ryan G. Larsen
5. Manuscript Title Minimal Access to Male Fertility Prices Online: An Analysis of SART Clinics		
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Section 1. Identifying Information

1. Given Name (First Name) Christopher M	2. Surname (Last Name) Deibert	3. Date 26-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ryan G. Larsen
5. Manuscript Title Minimal Access to Male Fertility Prices Online: An Analysis of SART Clinics		
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