

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 Inform	mation			
1. Given Name (First Name) Cameron	2. Surname (Last Name) Britton	3. Date 08-September-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Matthew J Ziegelmann		
5. Manuscript Title Ring Block with Liposomal Bupivacain	e in Peyronie's Disease			
6. Manuscript Identifying Number (if you k TAU-20-871	now it)			
		-		
Section 2. The Work Under C	Consideration for Public	cation		
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Do you have any patents, whether plar	nned, pending or issued, br	oadly relevant to the work? Yes 🖌 No		



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Dr. Britton has nothing to disclose.

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1. Given Name (First Name) Bridget	2. Surname (Last Name) Findlay	3. Date 16-September-2020	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Matthew Ziegelmann	
5. Manuscript Title Long-Acting Liposomal Bupivacaine to	Minimize Postoperative O	pioids After Peyronie's Disease Surgery: A Pilot Study	
6. Manuscript Identifying Number (if you kn TAU-20-871	low it)		
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1. Given Name (Fir Niki	rst Name)	2. Surname (Last Name) Parikh	3. Date 16-September-2020
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Matthew Ziegelmann
5. Manuscript Title Long-Acting Lipe		Minimize Postoperative O	pioids After Peyronie's Disease Surgery: A Pilot Study
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Dr. Kohler serves as an unpaid Associate Editor-in-Chief of Translational Andrology and Urology from Jan 2020 to Dec 2021.

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