

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Erica

2. Surname (Last Name)
Godart

3. Date
17-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr. Paul Turek, MD

5. Manuscript Title
A Study of Pregnancy Rates in "Cleared" Male Factor Couples

6. Manuscript Identifying Number (if you know it)
TAU-20-1240

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Ms. Godart has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Shin	3. Date 19-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul Turek
5. Manuscript Title A Study of Pregnancy Rates in "Cleared" Male Factor Couples		
6. Manuscript Identifying Number (if you know it) TAU-20-1240		

Section 2. The Work Under Consideration for Publication

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Dr. Shin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Emily	2. Surname (Last Name) Christensen	3. Date 18-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Paul Turek, MD
5. Manuscript Title A Study of Pregnancy Rates in "Cleared" Male Factor Couples		
6. Manuscript Identifying Number (if you know it) TAU-20-1240		

Section 2. The Work Under Consideration for Publication

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PA-C Christensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Eli

2. Surname (Last Name)
Thompson

3. Date
19-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Study of Pregnancy Rates in "Cleared" Male Factor Couples

6. Manuscript Identifying Number (if you know it)
TAU-20-1240

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Dr. Thompson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Turek

3. Date
15-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Study of Pregnancy Rates in "Cleared" Male Factor Couples

6. Manuscript Identifying Number (if you know it)
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