

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) Ester	2. Surname (Last Name) Illiano	3. Date 18-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Trama
5. Manuscript Title Peyronie's disease may negatively impact the sexual experience of a couple and female sexual function: a single center study		
6. Manuscript Identifying Number (if you know it) TAU-20-1067-R2		

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. Illiano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Francesco

2. Surname (Last Name)
Trama

3. Date
18-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Peyronie's disease may negatively impact the sexual experience of a couple and female sexual function: a single center study

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Vito

2. Surname (Last Name)
Mancini

3. Date
18-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesco Trama

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Antonio

2. Surname (Last Name)
Ruffo

3. Date
18-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesco Trama

5. Manuscript Title
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1. Given Name (First Name) Giuseppe	2. Surname (Last Name) Romeo	3. Date 18-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Trama
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Filippo	2. Surname (Last Name) Riccardo	3. Date 18-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Trama
5. Manuscript Title Peyronie's disease may negatively impact the sexual experience of a couple and female sexual function: a single center study		
6. Manuscript Identifying Number (if you know it) TAU-20-1067-R2		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Riccardo has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Consuelo	2. Surname (Last Name) Fabi	3. Date 18-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Trama
5. Manuscript Title Peyronie's disease may negatively impact the sexual experience of a couple and female sexual function: a single center study		
6. Manuscript Identifying Number (if you know it) TAU-20-1067-R2		

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Dr. Fabi 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)
Giuseppe

2. Surname (Last Name)
Carrieri

3. Date
18-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesco Trama

5. Manuscript Title
Peyronie's disease may negatively impact the sexual experience of a couple and female sexual function: a single center study

6. Manuscript Identifying Number (if you know it)
TAU-20-1067-R2

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Felice	2. Surname (Last Name) Crocetto	3. Date 18-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Trama
5. Manuscript Title Peyronie's disease may negatively impact the sexual experience of a couple and female sexual function: a single center study		
6. Manuscript Identifying Number (if you know it) TAU-20-1067-R2		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Crocetto 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)
Fabrizio

2. Surname (Last Name)
Iacono

3. Date
18-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesco Trama

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elisabetta

2. Surname (Last Name)
Costantini

3. Date
18-November-2020

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Yes No

Corresponding Author's Name
Francesco Trama

5. Manuscript Title
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