

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kevin

2. Surname (Last Name)

Keane

3. Date

01-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Urology at your fingertips: The development of a urology m-learning app for medical students

6. Manuscript Identifying Number (if you know it)

TAU-20-1245

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Dr. Keane 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) Nikita	2. Surname (Last Name) Bhatt	3. Date 01-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Urology at your fingertips: The development of a urology m-learning app for medical students		
6. Manuscript Identifying Number (if you know it) TAU-20-1245		

Section 2. The Work Under Consideration for Publication

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Dr. Bhatt has nothing to disclose.

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1. Given Name (First Name)

Patrick

2. Surname (Last Name)

Collins

3. Date

01-January-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

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TAU-20-1245

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Manecksha

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