

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)

Paola

2. Surname (Last Name)

Calleja Hermosa

3. Date

11-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Sexual function after anterior urethroplasty. A systematic review

6. Manuscript Identifying Number (if you know it)

TAU-20-1307-R1

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. Calleja Hermosa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Felix	2. Surname (Last Name) Campos-Juanatey	3. Date 11-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paola Calleja Hermosa
5. Manuscript Title Sexual function after anterior urethroplasty. A systematic review		
6. Manuscript Identifying Number (if you know it) TAU-20-1307-R1		

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Dr. Campos-Juanatey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Raquel	2. Surname (Last Name) Varea Malo	3. Date 11-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paola Calleja Hermosa
5. Manuscript Title Sexual function after anterior urethroplasty. A systematic review		
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1. Given Name (First Name) Miguel Ángel	2. Surname (Last Name) Correas Gómez	3. Date 11-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paola Calleja Hermosa
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1. Given Name (First Name) Jose Luis	2. Surname (Last Name) Gutiérrez Baños	3. Date 11-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paola Calleja Hermosa
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