

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Kerri

2. Surname (Last Name)

Beckmann

3. Date

11-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Understanding reasons for non-adherence to active surveillance for low-intermediate risk prostate cancer

6. Manuscript Identifying Number (if you know it)

TAU-2020-EM-02(TAU-20-1254)

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. Beckmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Declan	2. Surname (Last Name) Cahill	3. Date 27-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kerri Beckmann
5. Manuscript Title Understanding reasons for non-adherence to active surveillance for low-intermediate risk prostate cancer		
6. Manuscript Identifying Number (if you know it) TAU-2020-EM-02(TAU-20-1254)		

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Dr. Cahill has nothing to disclose.

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1. Given Name (First Name)

Mieke

2. Surname (Last Name)

Van Hemelrijck

3. Date

27-November-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Understanding reasons for non-adherence to active surveillance for low-intermediate risk prostate cancer

6. Manuscript Identifying Number (if you know it)

TAU-2020-EM-02(TAU-20-1254)

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Netty

2. Surname (Last Name)
Kinsella

3. Date
02-December-2020

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Yes No

Corresponding Author's Name
Kerri Beckmann

5. Manuscript Title

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