

ICMJE DISCLOSURE FORM

Date: Feb 25th, 2020

Your Name: Anja Reichelt

Manuscript Title: Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

Manuscript number (if known): TAU-21-165

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	German Federal Ministry of Education and Research (BMBF)	Funding number: 16SV7862; funding of salary
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 23rd, 2021

Your Name: Franz Dressler

Manuscript Title: Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

Manuscript number (if known): TAU-21-165

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	BMBF (German Federal Ministry of Education and Research)	Research grant for the present project, no conflict of interest
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Else-Kröner-Fresenius-Stiftung	Research grant, not related to the present work
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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form.

A handwritten signature in black ink, appearing to be 'John Paul' or similar, written in a cursive style.

ICMJE DISCLOSURE FORM

Date: Feb 25th, 2020

Your Name: Christian Gratzke

Manuscript Title: Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

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ICMJE DISCLOSURE FORM

Date: April 17th, 2021

Your Name: Arkadiusz Miernik

Manuscript Title: Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

Manuscript number (if known): TAU-21-165

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Time frame: past 36 months			
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3	Royalties or licenses	Walter de Gruyter, DE, Springer Science+Business Media, DE	

4	Consulting fees	KLS Martin GmbH, DE, Dornier MedTech Europe GmbH, RichardWolf GmbH, DE, KarlStorz SE & Co. KG, DE, Lisa laser OHG, DE, Boston Scientific, USA, Dornier MedTech Europe GmbH, DE, Medi-Tate Ltd., IL; b.braun New ventures GmbH, Freiburg, DE	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ludwig Boltzmann Gesellschaft, A	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	German Association of Urology (DGU), DE, European Association of Urology (EAU),	
8	Patents planned, issued or pending	https://patents.google.com/?inventor=miernik+arkadiusz&oq=miernik+arkadiusz	
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ICMJE DISCLOSURE FORM

Date: Feb 25th, 2020

Your Name: Dominik Schoeb

Manuscript Title: Evaluation of functional parameters, patient-reported outcomes and workload related to continuous postoperative transurethral urinary bladder irrigation

Manuscript number (if known): TAU-21-165

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