

ICMJE DISCLOSURE FORM

Date: 4/27/21

Your Name: Ioana Marcu

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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.

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		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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

I have no conflicts of interest

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: 4/28/2021

Your Name: Jeffrey Gavard

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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

Dr. Gavard has nothing to disclose

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: 4/26

Your Name: Golnar Vazirabadi

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. Vazirabadi has no conflicts of interest to disclose

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

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: 4/29.2021

Your Name: Joe Shi

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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ICMJE DISCLOSURE FORM

Date: 4/28/21

Your Name: Andrew Steele

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Steele has no conflicts of interest to disclose.

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: 4/27/2021

Your Name: Fah Che Leong

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

Dr. Leong has no conflicts of interest

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: 4/27/2021

Your Name: Mary T McLennan

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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13	Other financial or non-financial interests	___ None	

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

Dr. McLennan has no conflicts of interest

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 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: 4/26/21

Your Name: Jennifer Bickhaus

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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ICMJE DISCLOSURE FORM

Date: 4/28/2021

Your Name: Brigid Holloran Schwartz

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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13	Other financial or non-financial interests	___ None	

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

Dr. Schwartz has no conflicts of interest to disclose

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: 5/1/2021

Your Name: Patrick Yeung Jr

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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ICMJE DISCLOSURE FORM

Date: 4/29/21

Your Name: Eugen Campian

Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms

Manuscript number (if known): TAU-21-195-CL

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