

ICMJE DISCLOSURE FORM

Date: 24.05.2021
 Your Name: Fabian Steinkohl
 Manuscript Title: Acceptance of female urologists
 Manuscript number (if known): TAU-21-131-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)
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8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> 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: Apr. 23th , 2021
 Your Name: Anna Luger
 Manuscript Title: Acceptance of female urologists among patients with suspected prostate disease
 Manuscript number (if known): TAU-21-131

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ICMJE DISCLOSURE FORM

Date: April 14th, 2021

Your Name: Leonhard Gruber

Manuscript Title: Acceptance of female urologists among senior patients and their partners

Manuscript number (if known): TAU-21-131-CL

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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:

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: 07.04.2021

Your Name: Magarethe Hochleitner

Manuscript Title: Acceptance of female urologists

Manuscript number (if known): TAU-21-131-CL

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

None at all.
I am professor at a state university

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: 06.04.2021

Your Name: Renate Pichler

Manuscript Title: Acceptance of female urologists among senior patients and their partners

Manuscript number (if known): _____

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None

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: 07.04.21

Your Name: Isabel Heidegger

Manuscript Title: Acceptance of female scientists among senior patients and their partners

Manuscript number (if known): TAU-21-131-CL

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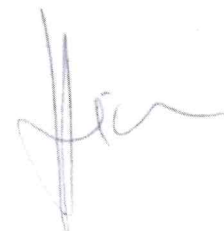
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Please summarize the above conflict of interest in the following box:

0 Col regarding this article.

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ICMJE DISCLOSURE FORM

Date: 24.05.2021
 Your Name: Jasmin Bektic
 Manuscript Title: Acceptance of female urologists among senior patients and their partners
 Manuscript number (if known): TAU-21-131-CL

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ICMJE DISCLOSURE FORM

Date: April 07th, 2021
Your Name: Friedrich Aigner
Manuscript Title: Acceptance of female urologists among senior patients and their partners
Manuscript number (if known): TAU-21-131-CL

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