

ICMJE DISCLOSURE FORM

Date: 05/11/2021

Your Name: SubodH K. Regmi

Manuscript Title: MRI/PET Imaging in elevated PSA and localized prostate cancer: a Narrative Review

Manuscript number (if known): TAU-2020-PC-11(TAU-21-374)

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.

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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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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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	

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None

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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: 12 May 2021
 Your Name: Niranjana Sathianathan
 Manuscript Title: MRI/PET Imaging in elevated PSA and localized prostate cancer: a Narrative Review
 Manuscript number (if known): TAU-2020-PC-11(TAU-21-374)

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Date: 5/11/2021

Your Name: Thomas Edward Stout

Manuscript Title: MRI/PET Imaging in elevated PSA and localized prostate cancer: a Narrative Review

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Date: 5/11/2021

Your Name: Badrinath R Konety

Manuscript Title: MRI/PET Imaging in elevated PSA and localized prostate cancer: a Narrative Review

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