

ICMJE DISCLOSURE FORM

Date: April 14, 2021

Your Name: Madison Kahle

Manuscript Title: Testicular Rupture Following Rubber Bullet Trauma Case Report

Manuscript number (if known): TAU-21-213

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

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

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Date: April 14th 2021

Your Name: Kayla Hamann

Manuscript Title: Testicular Rupture Following Rubber Bullet Trauma Case Report

Manuscript number (if known): TAU-21-213

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Date: April 14, 2021

Your Name: [Aliya Sakher](#)

Manuscript Title: Testicular Rupture Following Rubber Bullet Trauma Case Report

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Date: April 14, 2021

Your Name: Erika Kaske

Manuscript Title: Testicular Rupture Following Rubber Bullet Trauma Case Report

Manuscript number (if known): TAU-21-213

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

Erika Kaske has no conflicts of interest to disclose.

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Date: April 14, 2021

Your Name: **Travis Pagliara, MD**

Manuscript Title: Testicular Rupture Following Rubber Bullet Trauma Case Report

Manuscript number (if known): TAU-21-213

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Date: April 14, 2021

Your Name: Joseph Pariser, MD

Manuscript Title: Testicular Rupture Following Rubber Bullet Trauma Case Report

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