

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## 2. The work under consideration for publication.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Stephan 1



Section 1.	Identifying Inform	nation				
Given Name (First Name)  Carsten		2. Surname (Last Name) Stephan		3. Date 02-March-2	2018	
4. Are you the corresponding author?		✓ Yes	No			
•	5. Manuscript Title The value of digital rectal examination in clinical practice					
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideration	for Publication			
any aspect of the s statistical analysis,	stitution <b>at any time</b> rece ubmitted work (including	ive payment or s but not limited	ervices from a third party to grants, data monitoring			
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Judelle stool Doorse	de Determin	O Campuinhta			
	Intellectual Proper					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

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Section 5. Relationships not covered above
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Stephan has nothing to disclose.

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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Busch 1



Section 1.	Identifying Information						
1. Given Name (First Name) Jonas		2. Surname (Last Name) Busch	3. Date 02-March-2018				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name  Carsten Stephan				
5. Manuscript Title The value of digital rectal examination in clinical practice		in clinical practice					
6. Manuscript Ider	ntifying Number (if you kr	now it)					
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Section 2.	Section 2. The Work Under Consideration for Publication						
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  Your							
Section 3.							
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1. Given Name (First Na Klaus	,	2. Surname (Last Name) Jung	3. Date 02-March-2018				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Carsten Stephan				
5. Manuscript Title The value of digital rectal examination in clinical practice		clinical practice					
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Section 3. Rel	evant financial a	ctivities outside the	submitted work.				
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