Date: 2/29/24	
Your Name: Eliad	Amini
Manuscript Title:_	Malfunction and Mechanical Failure of the Inflatable Penile Prosthesis: A Narrative Review of Etiologies and Management
Manuscript numb	er (if known):

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

lectures, presentations, speakers bureaus, manuscript writing or educational events X None
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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.

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Date:
Your Name: Robert M. Saldivar
Manuscript Title: Malfunction and Mechanical Failure of the Inflatable Penile Prosthesis: A Narrative Review of Etiologies and Management
Manuscript number (if known):

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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.

Date:29 Feb 2024
Your Name:David W. Barham
Manuscript Title:Review of Mechanical Malfunction of an Inflatable Penile Prosthesis
Manuscript number (if known): AMJ-23-110

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _xNone	36 months
3	Royalties or licenses	_xNone	
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	N.	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
	,		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
12	materials, drugs, medical	_XNone	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:

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.

Date:	3/1/2024
Your Name:	Muhammed A Moukhtar Hammad
Manuscript Title:	Review of Mechanical Malfunction of the Inflatable Penile Prosthesis
Manuscript Number (if known):	AMJ-23-110

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

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13	Other financial or non-financial interests	[⊠] None		
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