ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anup
2. Surname (Last Name) Shah
3. Date 22-March-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title
   Diffusion and adoption of the surgical robot in urology
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time 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 No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
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Dr. Shah has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)
   - Jathin

2. Surname (Last Name)
   - Bandari

3. Date
   - 22-March-2020

4. Are you the corresponding author?
   - ☐ Yes  ☑ No

5. Manuscript Title
   - Diffusion and adoption of the surgical robot in urology

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time 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.)?

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Are there any relevant conflicts of interest?
- ☐ Yes  ☑ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
- ☐ Yes  ☑ No
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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Dr. Bandari has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Daniel
2. Surname (Last Name)  Pelzman
3. Date  22-March-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Diffusion and adoption of the surgical robot in urology
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

Section 3. Relevant financial activities outside the submitted work.

Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Dr. Pelzman has nothing to disclose.

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<table>
<thead>
<tr>
<th>Given Name (First Name)</th>
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<th>Date</th>
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<tbody>
<tr>
<td>Benjamin</td>
<td>Davies</td>
<td>22-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? Yes ☐ No ☑

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Section 1. Identifying Information

1. Given Name (First Name)  
   Bruce

2. Surname (Last Name)  
   Jacobs

3. Date  
   22-March-2020

4. Are you the corresponding author?  
   Yes

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6. Manuscript Identifying Number (if you know it)

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Yes

No

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Yes

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Jacobs
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