

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Valentin Henri	2. Surname (Last Name) Meissner	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Herkommer
5. Manuscript Title Association between masturbation and functional outcome in the postoperative course after nerve-sparing radical prostatectomy		
6. Manuscript Identifying Number (if you know it) TAU-19-670		

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Meissner 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)  
Sonja

2. Surname (Last Name)  
Dumler

3. Date  
18-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kathleen Herkommer

5. Manuscript Title  
Association between masturbation and functional outcome in the postoperative course after nerve-sparing radical prostatectomy

6. Manuscript Identifying Number (if you know it)  
TAU-19-670

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Dr. Dumler 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) Martina	2. Surname (Last Name) Kron	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Herkommer
5. Manuscript Title Association between masturbation and functional outcome in the postoperative course after nerve-sparing radical prostatectomy		
6. Manuscript Identifying Number (if you know it) TAU-19-670		

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Dr. Kron has nothing to disclose.

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1. Given Name (First Name) Stefan	2. Surname (Last Name) Schiele	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Herkommer
5. Manuscript Title Association between masturbation and functional outcome in the postoperative course after nerve-sparing radical prostatectomy		
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Dr. Schiele has nothing to disclose.

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Veronika

2. Surname (Last Name)  
Goethe

3. Date  
18-March-2020

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Corresponding Author's Name  
Kathleen Herkommer

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Andreas

2. Surname (Last Name)  
Bannowsky

3. Date  
18-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Kathleen Herkommer

5. Manuscript Title  
Association between masturbation and functional outcome in the postoperative course after nerve-sparing radical prostatectomy

6. Manuscript Identifying Number (if you know it)  
TAU-19-670

### 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

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jürgen Erich

2. Surname (Last Name)  
Gschwend

3. Date  
18-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kathleen Herkommer

5. Manuscript Title  
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1. Given Name (First Name)  
Kathleen

2. Surname (Last Name)  
Herkommer

3. Date  
18-March-2020

4. Are you the corresponding author?  Yes  No

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