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.

1. Identifying information.

2. The work under consideration for publication.

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

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Ziegelmann
3. Date  11-May-2020
4. Are you the corresponding author?  Yes  ☑ No
5. Manuscript Title
   Opioid Prescribing After Urologic Surgery: We Are Part of the Problem and Part of the Solution
6. Manuscript Identifying Number (if you know it)
   TAU-2020-05(E2020030436-31542305)

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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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tr>
<td>Paradigm Medical Communications</td>
<td>☑</td>
<td>☑</td>
<td></td>
<td></td>
<td>Consulting - CME for Peyronie's Disease</td>
</tr>
</tbody>
</table>

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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. Ziegelmann reports personal fees from Paradigm Medical Communications, outside the submitted work.

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)  Bridget
2. Surname (Last Name)  Findlay
3. Date  11-May-2020
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Matthew Ziegelmann, MD
5. Manuscript Title  Opioid Prescribing After Urologic Surgery: We Are Part of the Problem and Part of the Solution
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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. Findlay has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Cameron  

2. Surname (Last Name)  
Britton  

3. Date  
11-May-2020  

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

Corresponding Author’s Name  
Matthew Ziegelmann, MD  

5. Manuscript Title  
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Dr. Britton 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)**
   - Elizabeth
2. **Surname (Last Name)**
   - Habermann
3. **Date**
   - 11-May-2020
4. Are you the corresponding author?  
   - Yes [✔]
   - No

**Corresponding Author’s Name**
- Matthew Ziegelmann, MD

5. **Manuscript Title**
   - Opioid Prescribing After Urologic Surgery: We Are Part of the Problem and Part of the Solution

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- No [✔]

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