

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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4. Intellectual Property.

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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

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Paradigm Medical Communications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting - CME for Peyronie's Disease

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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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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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
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Dr. Findlay has nothing to disclose.

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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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1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Habermann	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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