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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Vanesa

2. **Surname (Last Name)**
   - Lucas-Cava

3. **Date**
   - 06-October-2020

4. **Are you the corresponding author?**
   - Yes ✔ No

5. **Manuscript Title**
   - Prostatic artery embolization: MRI Findings in the early detection of prostate infarction in a canine spontaneous benign prostatic hyperplasia

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lucas-Cava has nothing to disclose.

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Sánchez Margallo
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Francisco Miguel
2. Surname (Last Name)  Sánchez Margallo
3. Date  27-November-2020
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title  Prostatic artery embolization: MRI Findings in the early detection of prostate infarction in a canine spontaneous benign prostatic hyperplasia
6. Manuscript Identifying Number (if you know it)  TAU-20-1320

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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Dr. Sánchez-Margallo has no conflict of interests.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Virginio
2. Surname (Last Name) García-Martínez
3. Date 09-December-2020
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Vanesa Lucas-Cava and Francisco Miguel Sánchez-Margal

5. Manuscript Title
Prostatic Artery Embolization: MRI Findings in the Early Detection of Prostate Infarction in a Canine Spontaneous Benign Prostatic Hyperplasia Model

6. Manuscript Identifying Number (if you know it)
TAU-20-1320

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

Section 3. Relevant financial activities outside the submitted work.

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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. García-Martínez has nothing to disclose.

**Evaluation and Feedback**

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Carmen</td>
<td>Lopez-Sanchez</td>
<td>26-November-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Prostatic Artery Embolization: MRI Findings in the Early Detection of Prostate Infarction in a Canine Spontaneous Benign Prostatic Hyperplasia

6. Manuscript Identifying Number (if you know it)  
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Dr. Lopez-Sanchez has nothing to disclose.

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Báez
### Section 1. Identifying Information

1. Given Name (First Name)  
   Claudia

2. Surname (Last Name)  
   Báez

3. Date  
   26-November-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

**Corresponding Author’s Name**  
Vanesa Lucas-Cava and Francisco Miguel Sánchez-Margal

5. Manuscript Title  
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Dr. Báez has nothing to disclose.

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4. **Intellectual Property.**

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5. **Relationships not covered above.**

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Section 1. Identifying Information

1. Given Name (First Name)  
   LUIS

2. Surname (Last Name)  
   DÁVILA-GÓMEZ

3. Date  
   26-NOVEMBER-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Prostatic artery embolization: MRI Findings in the early detection of prostate infarction in a canine spontaneous benign prostatic hyperplasia

6. Manuscript Identifying Number (if you know it)  
   TAU-20-1320

Corresponding Author’s Name  
Vanesa Lucas-Cava and Francisco Miguel Sánchez-Margal

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

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Dr. DÁVILA-GÓMEZ has nothing to disclose.

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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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<tr>
<td>Juan Rafael</td>
<td>Lima-Rodriguez</td>
<td>26-November-2020</td>
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Corresponding Author's Name
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Dr. Lima-Rodríguez has nothing to disclose.

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<tr>
<td>Fei</td>
<td>Sun</td>
<td>25-November-2020</td>
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   - Yes  
   - [ ] No  

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