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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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)  
   David J.
2. Surname (Last Name)  
   Ralph
3. Date  
   15-May-2020
4. Are you the corresponding author?  
   ☐ Yes  ☑ No
   Corresponding Author’s Name  
   Giovanni Chiriaco
5. Manuscript Title  
   JOVS-2019-PPS-12
6. Manuscript Identifying Number (if you know it)  
   Insertion of inflatable penile prosthesis into a neophallus (single

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Are there any relevant conflicts of interest?  
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Dr. Ralph has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Giovanni

2. Surname (Last Name)  
   Chiriaco

3. Date  
   15-May-2020

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

5. Manuscript Title  
   JOVS-2019-PPS-12

6. Manuscript Identifying Number (if you know it)  
   Insertion of inflatable penile prosthesis into a neophallus (single
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Section 1. Identifying Information

1. Given Name (First Name) Luca
2. Surname (Last Name) Venturino
3. Date 15-May-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Giovanni Chiriaco
5. Manuscript Title JOVS-2019-PPS-12
6. Manuscript Identifying Number (if you know it) Insertion of inflatable penile prosthesis into a neophallus (single

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Marco

2. Surname (Last Name)  
   Falcone

3. Date  
   15-May-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Giovanni Chiriaco

5. Manuscript Title  
   JOVS-2019-PPS-12

6. Manuscript Identifying Number (if you know it)  
   Insertion of inflatable penile prosthesis into a neophallus (single

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Dr. Falcone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Maria

2. Surname (Last Name)  
   Satchi

3. Date  
   15-May-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Giovanni Chiriaco

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  Nim
2. Surname (Last Name)  Christopher
3. Date  15-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  JOVS-2019-PPS-12

6. Manuscript Identifying Number (if you know it)
   Insertion of inflatable penile prosthesis into a neophallus

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Christopher has nothing to disclose.