

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

PETER

2. Surname (Last Name)

LOTZE

3. Date

21-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Burch Colposuspension Using Minimally Invasive Techniques

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Kathy

2. Surname (Last Name)

Mostajeran

3. Date

21-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Burch Colposuspension Using Minimally Invasive Techniques

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1. Given Name (First Name)

ANNIE

2. Surname (Last Name)

LI

3. Date

21-June-2020

4. Are you the corresponding author?

Yes No

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EBERHARD

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LOTZE

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TIFFANY

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IRONSIDE

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