ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. LOTZE has nothing to disclose.

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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
5. Manuscript Title
   Burch Colposuspension Using Minimally Invasive Techniques
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mostajeran
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Dr. Mostajeran has nothing to disclose.

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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

5. Manuscript Title  
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1. Given Name (First Name)  EBERHARD
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
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<td>IRONSIDE</td>
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Dr. IRONSIDE has nothing to disclose.

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