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)***
   - Thibault

2. **Surname (Last Name)***
   - Tricard

3. **Date***
   - 24-April-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title***
   - “Prostate management” under MRI-guidance: 7 years of improvements

6. **Manuscript Identifying Number (if you know it)***
   - TCR-19-1332

### 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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Dr. Tricard has nothing to disclose.

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<tr>
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<tbody>
<tr>
<td>Julien</td>
<td>Garnon</td>
<td>27-April-2020</td>
</tr>
</tbody>
</table>

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Corresponding Author’s Name

Thibault TRICARD

5. Manuscript Title

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TCR-19-1332

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Section 1. Identifying Information

1. Given Name (First Name)  
Roberto Luigi

2. Surname (Last Name)  
Cazzato

3. Date  
27-April-2020

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Thibault TRICARD

5. Manuscript Title  
“Prostate management” under MRI-guidance: 7 years of improvements

6. Manuscript Identifying Number (if you know it)  
TCR-19-1332

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Dr. Cazzato has nothing to disclose.

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Al Hashimi
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Intisar

2. Surname (Last Name)  
   Al Hashimi

3. Date  
   27-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Thibault TRICARD

5. Manuscript Title  
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Dr. Al Hashimi has nothing to disclose.

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Gangi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Afshin
2. Surname (Last Name) Gangi
3. Date 27-April-2020
4. Are you the corresponding author? Yes
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it) TCR-19-1332

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**Grant**: A grant from an entity, generally (but not always) paid to your organization

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1. Given Name (First Name)  
   Hervé

2. Surname (Last Name)  
   Lang

3. Date  
   27-April-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No
   Corresponding Author’s Name  
   Thibault TRICARD

5. Manuscript Title  
   “Prostate management” under MRI-guidance: 7 years of improvements

6. Manuscript Identifying Number (if you know it)  
   TCR-19-1332

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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.)?  
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Dr. Lang has nothing to disclose.

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