

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.

5. Relationships not covered above.

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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)

Omar

2. Surname (Last Name)

Abdelaal

3. Date

24-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Hooman Sadri-Ardekani

5. Manuscript Title

Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options; a case report

6. Manuscript Identifying Number (if you know it)

TAU-20-908

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

 Yes No

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Dr. Abdelaal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Deebel	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hooman Sadri-Ardekani
5. Manuscript Title Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options		
6. Manuscript Identifying Number (if you know it) TAU-20-908		

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Section 1. Identifying Information

1. Given Name (First Name) Nima	2. Surname (Last Name) Pourhabibi Zarandi	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hooman Sadri-Ardekani
5. Manuscript Title Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options		
6. Manuscript Identifying Number (if you know it) TAU-20-908		

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Dr. Pourhabibi Zarandi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stanley	2. Surname (Last Name) Kogan	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hooman Sadri-Ardekani
5. Manuscript Title Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options		
6. Manuscript Identifying Number (if you know it) TAU-20-908		

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Dr. Kogan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Pranikoff

3. Date
27-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Hooman Sadri-Ardekani

5. Manuscript Title
Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options

6. Manuscript Identifying Number (if you know it)
TAU-20-908

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

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Section 6. Disclosure Statement

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Dr. Pranicoff has nothing to disclose.

Evaluation and Feedback

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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) Kimberly	2. Surname (Last Name) Stogner-Underwood	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hooman Sadri-Ardekani
5. Manuscript Title Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options		
6. Manuscript Identifying Number (if you know it) TAU-20-908		

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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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

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Dr. Stogner-Underwood has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

McLean

3. Date

27-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Hooman Sadri-Ardekani

5. Manuscript Title

Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options

6. Manuscript Identifying Number (if you know it)

TAU-20-908

Section 2. The Work Under Consideration for Publication

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Dr. McLean has nothing to disclose.

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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) Anthony	2. Surname (Last Name) Atala	3. Date 24-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hooman Sadri-Ardekani
5. Manuscript Title Fertility preservation for pediatric male cancer patients: Illustrating contemporary and future options		
6. Manuscript Identifying Number (if you know it) TAU-20-908		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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

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Section 1. Identifying Information

1. Given Name (First Name)
Hooman

2. Surname (Last Name)
Sadri-Ardekani

3. Date
27-July-2020

4. Are you the corresponding author? Yes No

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Dr. Sadri-Ardekani has nothing to disclose.

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