

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mahmoud	2. Surname (Last Name) Khalil	3. Date 25-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ehab Eltahawy
5. Manuscript Title Penile Shortening Complaints In Males With Erectile Dysfunction: A Narrative Review on Penile Lengthening Procedures During Penile Prosthesis Surgery		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Khalil has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Bruno

2. Surname (Last Name)

Machado

3. Date

25-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Penile Shortening Complaints In Males With Erectile Dysfunction: A Narrative Review on Penile Lengthening Procedures During Penile Prosthesis Surgery

6. Manuscript Identifying Number (if you know it)

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Yes

No

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Dr. Machado has nothing to disclose.

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1. Given Name (First Name) Alexandre	2. Surname (Last Name) Miranda	3. Date 25-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ehab Eltahawy
5. Manuscript Title Penile Shortening Complaints In Males With Erectile Dysfunction: A Narrative Review on Penile Lengthening Procedures During Penile Prosthesis Surgery		
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Ehab

2. Surname (Last Name)

Eltahawy

3. Date

25-November-2020

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Yes  No

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