

ICMJE DISCLOSURE FORM

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Date: 25/6-2025

Your name: Kristin Fosli Spanfelt

Manuscript title: Retrospective analysis of patients referred to a single university hospital with Peyronie's disease.

Manuscript number (if known):

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Your name: JAKOB KRISTIAN JAKOBSEN

Manuscript title: RETROSPECTIVE ANALYSIS OF PATIENTS REFERRED TO A

Manuscript number (if known): SINGLE UNIVERSITY HOSPITAL WITH
PEYRONIE'S DISEASE

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None		
7	Support for attending meetings and/or travel	<input type="checkbox"/> None		<i>MEDAC</i>
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