

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.

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Royalties: Funds are coming in to you or your institution due to your patent

Libman 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Howard		2. Surname (Last Name) Libman			3. Date 05-Decemb	per-2019
4. Are you the cor	responding author?	✓ Yes N	0			
5. Manuscript Title Beyond the Guid	e lelines: Caring for the T	ransgender Patier	nt			
6. Manuscript Ider M19-3813	ntifying Number (if you kr	ow it)				
	ı					
Section 2.	The Work Under Co	onsideration fo	r 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 outsic	le the submitted w	vork.		
of compensation clicking the "Add	the appropriate boxes i) with entities as descri I +" box. You should rep evant conflicts of intere	n the table to indi bed in the instruct port relationships	cate whether you hav tions. Use one line for	ve financial rela r each entity; ac	dd as many l	lines as you need by
Section 4.	Intellectual Proper	ty Patents <u>&</u> (Copyrights			
Do you have any	patents, whether plan			nt to the work?	Yes	✓ No

Libman 2



Section 5. Relationships not solvered above					
Relationships not covered above					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other relationships/conditions/circumstances that present a potential conflict of interest					
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.					
Section 6. Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Libman has nothing to disclose.					

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Libman 3



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Siegel 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Jennifer		2. Surname (Last Name) Siegel	3. Date 05-December-2019		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Howard Libman		
5. Manuscript Title Caring for the Tr	e ansgender Patient				
6. Manuscript Ide M19-3813	ntifying Number (if you kr	now it)	_		
Section 2.	The Work Under C	onsideration for Public	cation		
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 s	submitted work.		
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Siegel 2



Section 5.					
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 Given Name (First Na Joshua December 5, 20 	,	rname (Last Name) Safer		3. Date
4. Are you the correspon	nding author? Y	es No		
5. Manuscript Title Beyond the Guidelines –	Transgender Medicin	e		
6. Manuscript Identifyin	g Number (if you know it)			
Section 2.				
The		eration for Publication		
• •	tted work (including but no	nent or services from a third part limited to grants, data monito	,	mercial, private foundation, etc.) for ign, manuscript preparation,
Are there any relevant	connects of interest:			ADI
Section 3. Rel	evant financial activit	ies outside the submitte	ed work.	
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The there any relevant				ADI
Ad <mark>visory Board,</mark> End	do Pharmaceutica	ls, June, 2018		
Section 4. Inte	ellectual Property P	atents & Copyrights		
Do you have any pate	nts, whether planned, pe	nding or issued, broadly rele	evant to the work?	Yes No

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patent

Reynolds 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Eileen		2. Surname (Last Name) Reynolds	3. Date 26-September-2019		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Howard Libman		
5. Manuscript Title Care of the trans					
6. Manuscript Identifying Number (if you know it)					
			_		
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Section 3.					
Section 3.	Relevant financial	activities outside the	submitted work.		
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Reynolds 2



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