

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)
Tongyan

2. Surname (Last Name)
Liu

3. Date
01-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Yong Guan

5. Manuscript Title
Comparison of Rigiscan and Penile Color Duplex Ultrasound in Evaluation of Erectile Dysfunction

6. Manuscript Identifying Number (if you know it)
APM-20-507

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Dr. Liu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Zhihe	2. Surname (Last Name) Xu	3. Date 01-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yong Guan
5. Manuscript Title Comparison of Rigiscan and Penile Color Duplex Ultrasound in Evaluation of Erectile Dysfunction		
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Section 2. The Work Under Consideration for Publication

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Yong

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Guan

3. Date
01-July-2020

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yong Guan
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