

ICMJE DISCLOSURE FORM

Date: _____ August 5, 2022 _____
 Your Name: _____ Taotao Sun _____
 Manuscript Title: _____ Study on the mechanism in aging-related erectile dysfunction based on bioinformatics and experimental verification _____
 Manuscript number (if known): _____ TAU-22-511 _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
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3	Royalties or licenses	__ X __ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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No conflicts of interest to declare

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: _____ August 5, 2022 _____
 Your Name: _____ Yipiao Liu _____
 Manuscript Title: _____ Study on the mechanism in aging-related erectile dysfunction based on bioinformatics and experimental verification _____
 Manuscript number (if known): _____ TAU-22-511 _____

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Date: _____ August 5, 2022 _____
 Your Name: _____ Wenchao Xu _____
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 Manuscript Title: _____ Study on the mechanism in aging-related erectile dysfunction based on bioinformatics and experimental verification _____
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Date: _____ August 5, 2022 _____
 Your Name: _____ Kang Liu _____
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