Date:	August 5, 2022
Your Name:	Taotao Sun
Manuscript Title: experimental verifice	Study on the mechanism in aging-related erectile dysfunction based on bioinformatics and cation
Manuscript numbe	r (if known):TAU-22-511
related to the conte parties whose inter	ensparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment did does not necessarily indicate a bias. If you are in doubt about whether to list a

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

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the follo	wing box:
	No conflicts of interest to decla	re	

	te: August		
	ur Name:Yipiao L		
			related erectile dysfunction based on bioinformatics and
exp	perimental verification		
Ma	nuscript number (if known):TAU-22-511	
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	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	
	No time limit for this item.		

Time frame: past 36 months

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Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role in other board, society,	XNone	
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12	materials, drugs, medical		
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13	Other financial or non-	XNone	
	financial interests		
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			-related erectile dysfunction based on bioinformatics and
exp	perimental verification		
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	e following questions app nuscript only.	ply to the author's relationshi	ps/activities/interests as they relate to the current
to to to me	the epidemiology of hypedication, even if that me tem #1 below, report all	ertension, you should declare dication is not mentioned in t	d in this manuscript without time limit. For all other
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initial	planning of the work
1	All support for the present		planning of the work
1	manuscript (e.g., funding,	XNone	
	provision of study material	s,	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item		

Time frame: past 36 months

X __None

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13	Other financial or non-	XNone	
	financial interests		
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Da	te: August	: 5, 2022	
	ur Name:Wench		
Ma	nuscript Title: Study	on the mechanism in agin	g-related erectile dysfunction based on bioinformatics and
ex	perimental verification		
Ma	nuscript number (if knowr	n):TAU-22-511	
rel par to	ated to the content of your rties whose interests may b	manuscript. "Related" more affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
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to		tension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	item #1 below, report all sums, the time frame for disc		ted in this manuscript without time limit. For all other ths.
		Name all entities with	Specifications/Comments
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1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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2	Grants or contracts from	Time frame: pas	5. 50 months
_	any entity (if not indicated	^NOTIC	
	in item #1 above).		

Royalties or licenses

Consulting fees

X __None

X __None

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Da	te: Augus	t 5, 2022	
	ur Name:Tao W		
			g-related erectile dysfunction based on bioinformatics and
ex	perimental verification		
Ma	nuscript number (if know	n):TAU-22-511	
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to me	the epidemiology of hyperedication, even if that med item #1 below, report all s	tension, you should declare ication is not mentioned in	ed in this manuscript without time limit. For all other
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	financial interests		
Ple	ease summarize the above co	onflict of interest in the follo	wing box:
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Date: Your Name:	August 5, 2022 Kang Liu
Manuscript Title:	Study on the mechanism in aging-related erectile dysfunction based on bioinformatics and
experimental verific	cation
Manuscript number	r (if known):TAU-22-511
In the interest of tra	ansparency, we ask you to disclose all relationships/activities/interests listed below that are
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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.

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	writing, gifts or other services						
13	Other financial or non-	XNone					
	financial interests						
Ple	Please summarize the above conflict of interest in the following box:						
	No conflicts of interest to declare						

	Your Name:Jihong Liu							
Ma	Manuscript Title: Study on the mechanism in aging-related erectile dysfunction based on bioinformatics and							
ex	experimental verification							
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Consulting fees

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