## ICMJE DISCLOSURE FORM

Date:	: 25 <sup>th</sup>	Decemb	oer 2022	
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Your Name: Grigory Demyashkin

Manuscript Title: Morphofunctional characteristics of proliferation and apoptosis of germinal epithelium: pathogenesis

of temporary azoospermia after local electron irradiation

Manuscript number (if known):\_\_\_\_\_

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 <u>current manuscript only</u>.

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.

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5	Payment or honoraria for	V_None			
	lectures, presentations,				
	speakers bureaus,				
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6	Payment for expert	<b>/</b> None			
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8	Patents planned, issued or	None			
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9	Participation on a Data	<b>/</b> None			
	Safety Monitoring Board or				
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10	Leadership or fiduciary role	<b>/</b> None			
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	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
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	materials, drugs, medical				
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	financial interests				
	Please summarize the above conflict of interest in the following box:				
	None.				

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.