

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jiaqi	2. Surname (Last Name) Kang	3. Date 29-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaoqiang Liu
5. Manuscript Title Erectile function after kidney transplantation : a meta-analysis		
6. Manuscript Identifying Number (if you know it) TAU-20-604		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Kang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jia	2. Surname (Last Name) Tian	3. Date 29-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaoqiang Liu
5. Manuscript Title Erectile function after kidney transplantation : a meta-analysis		
6. Manuscript Identifying Number (if you know it) TAU-20-604		

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Dr. Tian has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaoqiang Liu
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1. Given Name (First Name) Yuxuan	2. Surname (Last Name) Song	3. Date 29-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaoqiang Liu
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Section 1. Identifying Information

1. Given Name (First Name)

Xiaoqiang

2. Surname (Last Name)

Liu

3. Date

29-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Erectile function after kidney transplantation : a meta-analysis

6. Manuscript Identifying Number (if you know it)

TAU-20-604

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