

ICMJE DISCLOSURE FORM

Date: _____ Oct. 28th, 2021 _____

Your Name: ___ Geng Qiang ___

Manuscript Title: _____ Correlation between gut microbiota diversity and functional erectile dysfunction _____

Manuscript number (if known): ___ TAU-21-915 _____

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.

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Please summarize the above conflict of interest in the following box:

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Date: _____ Oct. 28th, 2021 _____

Your Name: _____ Chen Shaofeng _____

Manuscript Title: _____ Correlation between gut microbiota diversity and functional erectile dysfunction _____

Manuscript number (if known): _____ TAU-21-915 _____

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Your Name: ___ Sun Yuan ___

Manuscript Title: _____ Correlation between gut microbiota diversity and functional erectile dysfunction _____

Manuscript number (if known): ___ TAU-21-915 _____

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Your Name: _____ Zhao Yu _____

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Your Name: _____ Li Zhong _____

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