

ICMJE DISCLOSURE FORM

Date: Aug. 16th, 2021
 Your Name: Xiao Liu
 Manuscript Title: The effect of gonadal and extragonadal malignant tumours on sperm quality
 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.

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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: Aug. 16th,2021
 Your Name: Bo Liu
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ICMJJE DISCLOSURE FORM

Date: Aug. 16th, 2021
 Your Name: Shasha Liu
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ICMJJE DISCLOSURE FORM

Date: Aug. 16th, 2021
 Your Name: Yang Xian
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ICMJJE DISCLOSURE FORM

Date: Aug. 16th, 2021
 Your Name: Wenrui Zhao
 Manuscript Title: The effect of gonadal and extragonadal malignant tumours on sperm quality
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ICMJJE DISCLOSURE FORM

Date: Aug. 16th, 2021
 Your Name: Min Jiang
 Manuscript Title: The effect of gonadal and extragonadal malignant tumours on sperm quality
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ICMJJE DISCLOSURE FORM

Date: Aug. 16th, 2021

Your Name: Bin Zhou

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Date: Aug. 16th, 2021
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