

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Jian-Hui	2. Surname (Last Name) Lin	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun-Ching Huang
5. Manuscript Title The influence of smoking exposure and cessation on penile hemodynamics and corporal tissue in a rat model		
6. Manuscript Identifying Number (if you know it) TAU-19-290		

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Are there any relevant conflicts of interest? Yes No

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Dr. Lin has nothing to disclose.

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1. Given Name (First Name) Dong-Ru	2. Surname (Last Name) Ho	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun-Ching Huang
5. Manuscript Title The influence of smoking exposure and cessation on penile hemodynamics and corporal tissue in a rat model		
6. Manuscript Identifying Number (if you know it) TAU-19-290		

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Section 1. Identifying Information

1. Given Name (First Name) Chung-Sheng	2. Surname (Last Name) Shi	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun-Ching Huang
5. Manuscript Title The influence of smoking exposure and cessation on penile hemodynamics and corporal tissue in a rat model		
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1. Given Name (First Name) Chih-Shou	2. Surname (Last Name) Chen	3. Date 20-March-2020
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Section 1. Identifying Information

1. Given Name (First Name)

Yun-Ching

2. Surname (Last Name)

Huang

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The influence of smoking exposure and cessation on penile hemodynamics and corporal tissue in a rat model

6. Manuscript Identifying Number (if you know it)

TAU-19-290

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Huang has nothing to disclose.

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