

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qi	2. Surname (Last Name) Lei	3. Date 09-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Su Yan
5. Manuscript Title Comparison of the efficacy and safety of Low-Intensity Extracorporeal Shock Wave Therapy versus on-demand sildenafil for erectile dysfunction: a prospective non-randomized study		
6. Manuscript Identifying Number (if you know it) TAU-20-1069-R1		

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Dr. Lei has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Dong

2. Surname (Last Name)
Wang

3. Date
09-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Su Yan

5. Manuscript Title

Comparison of the efficacy and safety of Low-Intensity Extracorporeal Shock Wave Therapy versus on-demand sildenafil for erectile dysfunction: a prospective non-randomized study

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TAU-20-1069-R1

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name)
Chunhui

2. Surname (Last Name)
Liu

3. Date
09-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Su Yan

5. Manuscript Title
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Zhigang

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Ji

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Corresponding Author's Name

Su Yan

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