ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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

5. Relationships not covered above.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## 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? | Yes | 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

## 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.

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

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✔ No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Dong-Ru

2. Surname (Last Name)  
   Ho

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   Yes

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?  
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Are there any relevant conflicts of interest?  
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Shi
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## 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? | 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

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes | No
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Dr. Shi has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Chih-Shou                 | Chen                   | 20-March-2020 |

4. Are you the corresponding author?  
   ✔ 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

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Are there any relevant conflicts of interest?  
   ✔ No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jhy-Ming

2. Surname (Last Name)  
   Li

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author's Name  
Yun-Ching Huang

5. Manuscript Title  
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Grant: A grant from an entity, generally (but not always) paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
   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.)?  
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Dr. Huang has nothing to disclose.

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