

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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**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)

Beilei

2. Surname (Last Name)

Xia

3. Date

08-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Helicobacter pylori infection increases the risk of metabolic syndrome in pregnancy: a cohort study

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Xia 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)

Wenyuan

2. Surname (Last Name)

Wang

3. Date

08-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Helicobacter pylori infection increases the risk of metabolic syndrome in pregnancy: a cohort study

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Yufeng

2. Surname (Last Name)

Lu

3. Date

08-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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Chen

2. Surname (Last Name)

Chen

3. Date

08-April-2020

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Yes  No

5. Manuscript Title

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