

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Philippe	2. Surname (Last Name) Koninckx	3. Date 11-February-2021
4. Are you the corresponding author?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Manuscript Title Review on endometriosis surgery		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Koninckx has nothing to disclose.

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1. Given Name (First Name) Anastasia	2. Surname (Last Name) Ussia	3. Date 11-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koninckx Philippe
5. Manuscript Title Review on endometriosis surgery		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Ussia has nothing to disclose.

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1. Given Name (First Name) Jörg	2. Surname (Last Name) Keckstein	3. Date 11-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koninckx Philippe
5. Manuscript Title Review on endometriosis surgery		
6. Manuscript Identifying Number (if you know it)		

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Dr. Keckstein has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mario

2. Surname (Last Name)

Malzoni

3. Date

11-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Koninckx Philippe

5. Manuscript Title

Review on endometriosis surgery

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Leila	2. Surname (Last Name) Adamian	3. Date 11-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koninckx Philippe
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**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

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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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) Arnaud	2. Surname (Last Name) Wattiez	3. Date 11-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koninckx Philippe
5. Manuscript Title Review on endometriosis surgery		
6. Manuscript Identifying Number (if you know it) _____		

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

Dr. Wattiez has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.