| Date: 17.7.2021 |
|---|
| Your Name:Prof. Dr. Jörg Keckstein |
| Manuscript Title:_ The diagnosis and surgery of endometriosis require a comprehensive |
| classification system. The #Enzian classification, how to use it. |
| Manuscript number (if known): |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|---|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
|----|--|-------------------------------|-------------|
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | _XNone | |
| | | | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data | X None | |
| , | Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _ XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _ XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | XNOTIE | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | XNone | |
| | illianciai interests | | |
| | ease summarize the above co | onflict of interest in the fo | lowing box: |
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| Date: | 17.7.2021 |
|---------------|--|
| Your Name: | Doz. Dr. Gernot Hudelist |
| Manuscript 1 | Fitle:_ The diagnosis and surgery of endometriosis require a comprehensive |
| classificati | on system. The #Enzian classification, how to use it. |
| Manuscript ı | number (if known) GPM-21-38 |
| related to th | st of transparency, we ask you to disclose all relationships/activities/interests listed below that are e content of your manuscript. "Related" means any relation with for-profit or not-for-profit third |
| parties whos | se interests may be affected by the content of the manuscript. Disclosure represents a commitment |
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|----|--|-------------------------------|-------------|
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | _XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | _ XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above o | onflict of interest in the fo | lowing box: |

| Date: | 17.7.2021 |
|-------------------------|--|
| Your Name: | _Dr . Philippe Koninckx |
| Manuscript Title | e:_ The diagnosis and surgery of endometriosis require a comprehensive |
| classification | system. The #Enzian classification, how to use it. |
| Manuscrint nun | pher (if known) GPM-21-28 |

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| 5 | Payment or honoraria for | _ XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | V N | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 1.4 | group, paid or unpaid | V None | |
| 11 | Stock or stock options | XNone | |
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| 42 | Descript of any i | V None | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | Services | V None | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| PIE | ease summarize the above o | onflict of interest in the fo | llowing box: |
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| ur Name:Dr . Sigrid Keckstein |
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| anuscript Title:_ The diagnosis and surgery of endometriosis require a comprehensive |
| assification system. The #Enzian classification, how to use it. |
| anuscript number (if known) GPM-21-38 |
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| 3 | Royalties or licenses | _ XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert | XNoneXNone | |
|----|--|--------------------------------|------------|
| U | testimony | NONE | |
| 7 | Support for attending meetings and/or travel | _XNone | |
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| 8 | Patents planned, issued or pending | XNone | |
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| 9 | Participation on a Data | X None | |
| , | Safety Monitoring Board or | X_None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | _ XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | Stock of Stock options | X | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
| | | | |
| | ease summarize the above c | onflict of interest in the fol | owing box: |

| Date:17.7.2021 |
|---|
| Your Name:Dr . Simon Keckstein |
| Manuscript Title:_ The diagnosis and surgery of endometriosis require a comprehensive |
| classification system. The #Enzian classification, how to use it. |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _XNone | | | | |
| | Time frame: past 36 months | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | | | |
| 3 | Royalties or licenses | XNone | | | | |
| 4 | Consulting fees | XNone | | | | |

| 5 | Payment or honoraria for | X None | | | | |
|---|------------------------------|---------|--|--|--|--|
| , | lectures, presentations, | _ ^NONE | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | | | | | |
| | | V. None | | | | |
| 6 | Payment for expert | XNone | | | | |
| | testimony | | | | | |
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| 7 | Support for attending | XNone | | | | |
| | meetings and/or travel | | | | | |
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| 8 | Patents planned, issued or | _ XNone | | | | |
| | pending | | | | | |
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| 9 | Participation on a Data | X None | | | | |
| | Safety Monitoring Board or | | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | X None | | | | |
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| 12 | Receipt of equipment, | X None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | X None | | | | |
| | financial interests | | | | | |
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| Please summarize the above conflict of interest in the following box: | | | | | | |
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| | None. | | | | | |
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