Date	e: October 25, 2022		
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	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	√ None	premining of the work
-	manuscript (e.g., funding,	_ vivolie	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	to this tell.		
		Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		

in item #1 above).

Royalties or licenses

Consulting fees

√_None

√__None

5	Payment or honoraria for	/ Name	
5	lectures, presentations,	√_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or	√_None	
	pending		
9	Participation on a Data	/ N	
9	Safety Monitoring Board or	√None	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12		4	
12	Receipt of equipment, materials, drugs, medical	√_None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
Т	here is no such conflict of inter	est ahove	
''	mere is no such confiner of fire	est above.	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	October 25, 2022
Your Name:	Guolin Luo
Manuscript Title:	_ Complete vaginal atresia caused by long-term foreign body retention: a case report
and retrospec	tive analysis of clinical diagnosis and treatment of vaginal foreign body
Manuscript numl	per (if known):2

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	Time frame: Since the initial	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	\/None	
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations,	√ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	√None	
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12	Receipt of equipment, materials, drugs, medical	\None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests	vivone	
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
T	here is no such conflict of inter	est above.	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e: October 25, 2022		
You	r Name: Hengxi Chen		
Mar	nuscript Title: Co	omplete vaginal atresi	a caused by long-term foreign body retention: a
cas	e report and retrospect	tive analysis of clinical	l diagnosis and treatment of vaginal foreign body
Mar	nuscript number (if known):	3	
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		Name all entities with	Smooifications/Commonts
		whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	√ None	

√__None

5	Payment or honoraria for	/None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_√None		
	testimony			
7	Support for attending	√None		
	meetings and/or travel			
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8	Patents planned, issued or	/ Name		
0	pending	None		
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9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
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12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	ase summarize the above co	inflict of interest in the following	owing box:	
There is no such conflict of interest above.				

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 25, 2022 Your Name: Xin Tan
Manuscript Title: Complete vaginal atresia caused by long-term foreign body retention: a case report and retrospective analysis of clinical diagnosis and treatment of vaginal foreign body
Manuscript number (if known):4(Correspondingauthor)
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.
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	√None	
4	Consulting fees	√None	

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5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	✓	None	
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7	Support for attending	,	NI	
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	meetings and/or travel			
8	Patents planned, issued or		None	
	pending		_110110	
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9	Participation on a Data		None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	√	None	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	✓	None	
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12	Receipt of equipment,	,	News	
12			None	
	materials, drugs, medical			
	writing, gifts or other			
40	services			
13	Other financial or non-		None	
	financial interests			
Plea	ase summarize the above co	nflict of i	nterest in the foll	owing box:
Т	here is no such conflict of inter	est above		
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.