

## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Tsung Mou

**Manuscript Title:** Postoperative complications after abdominal, laparoscopic, and vaginal hysterectomy for uteri weighing 250 grams or less

**Manuscript Number (if known):** GPM-22-44

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

### ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Oluwateniola Brown

**Manuscript Title:** Postoperative complications after abdominal, laparoscopic, and vaginal hysterectomy for uteri weighing 250 grams or less

**Manuscript Number (if known):** GPM-22-44

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Deepanjana Das

**Manuscript Title:** Postoperative complications after abdominal, laparoscopic, and vaginal hysterectomy for uteri weighing 250 grams or less

**Manuscript Number (if known):** GPM-22-44

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Margaret G Mueller

**Manuscript Title:** Postoperative complications after abdominal, laparoscopic, and vaginal hysterectomy for uteri weighing 250 grams or less

**Manuscript Number (if known):** GPM-22-44

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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
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**Date:** 3/22/2022

**Your Name:** Kimberly Kenton

**Manuscript Title:** Postoperative complications after abdominal, laparoscopic, and vaginal hysterectomy for uteri weighing 250 grams or less

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### ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Carol Emi Bretschneider

**Manuscript Title:** Postoperative complications after abdominal, laparoscopic, and vaginal hysterectomy for uteri weighing 250 grams or less

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<b>Time frame: Since the initial planning of the work</b>											
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.		
	Click the tab key to add additional rows.										
<b>Time frame: past 36 months</b>											
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>								
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>								
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>								
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>								

		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)
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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