| Date: <u>No</u> | . 10 th , 2022 | |
|-----------------|---|-----|
| Your Name: | Ya Yu | |
| Manuscript | le: McCune-Albright Syndrome Diagnosed from the Ovarian Tissue of a 5-year-old Girl: A Case Rep | ort |
| Manuscrint | mher (if known): GPM-22-27 | |

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>.

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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) |
|---|---|--|---|
| | | 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 | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | | | |
| 7 | Constant for the adian | V. Nana | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| 0 | pending | ^_NONE | |
| | Perionip | | |
| 0 | D 11 1 11 D 1 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | V 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 | NNone | |
| | | | |
| 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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| Ple | ase summarize the above o | onflict of interest in the foll | owing box: |
| _ | | | |
| | None. | | |

| Date: Nov. 10 th , 2022 | _ |
|--|-------------|
| Your Name: Yueyue Chen | - - |
| Manuscript Title: McCune-Albright Syndrome Diagnosed from the Ovarian Tissue of a 5-year-old Girl: A | Case Report |
| Manuscript number (if known): GPM-22-27 | |

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | | | |
| 7 | Constant for the adian | V. Nana | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
| 0 | pending | ^_NONE | |
| | Perionip | | |
| 0 | D 11 1 11 D 1 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | V 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 | NNone | |
| | | | |
| 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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| Ple | ase summarize the above o | onflict of interest in the foll | owing box: |
| _ | | | |
| | None. | | |

| Date: Nov. 1 | 0 th , 2022 |
|------------------|---|
| Your Name: | Ping Wang |
| Manuscript Title | :: McCune-Albright Syndrome Diagnosed from the Ovarian Tissue of a 5-year-old Girl: A Case Report |
| Manuscript nun | ber (if known): GPM-22-27 |

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| | lectures, presentations, | | |
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| 6 | Payment for expert testimony | XNone | |
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| 7 | Constant for the adian | V. Nana | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
| 0 | pending | ^_NONE | |
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| 0 | D 11 1 11 D 1 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | V 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 | NNone | |
| | | | |
| 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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| Ple | ase summarize the above o | onflict of interest in the foll | owing box: |
| _ | | | |
| | None. | | |

| Date: Nov | . 10 th , 2022 | |
|---------------|---|----|
| Your Name: | Ling Mei | |
| Manuscript Ti | tle: McCune-Albright Syndrome Diagnosed from the Ovarian Tissue of a 5-year-old Girl: A Case Repo | rt |
| Manuscript nu | umber (if known): GPM-22-27 | |

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| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | | | |
| 7 | Constant for the adian | V. Nana | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
| 0 | pending | ^_NONE | |
| | Perionip | | |
| 0 | D 11 1 11 D 1 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | V 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 | NNone | |
| | | | |
| 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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| Ple | ase summarize the above o | onflict of interest in the foll | owing box: |
| _ | | | |
| | None. | | |

| Date: Nov | 7. 10 th , 2022 | |
|---------------|---|----|
| Your Name: _ | Xiaoyu Niu | |
| Manuscript Ti | tle: McCune-Albright Syndrome Diagnosed from the Ovarian Tissue of a 5-year-old Girl: A Case Repo | rt |
| Manuscript nu | umber (if known): GPM-22-27 | |

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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 | XNone | |
|-----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Constant for the adian | V. Nana | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| 0 | pending | ^_NONE | |
| | Perionip | | |
| 0 | D 11 1 11 D 1 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V None | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | Stock of Stock options | NNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
| 13 | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | |
| _ | | | |
| | None. | | |

| Date: | Nov. 10 | ^{tn} , 2022 | |
|---------|-------------|--|------------|
| Your Na | me: | Tao Cui | |
| Manusc | ript Title: | McCune-Albright Syndrome Diagnosed from the Ovarian Tissue of a 5-year-old Girl: A Case Repo | <u>ort</u> |
| Manusci | rint numb | er (if known): GPM-22-27 | |

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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) |
|---|--|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | X None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| l | | | |

| 5 | Payment or honoraria for | XNone | |
|-----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Constant for the adian | V. Nana | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| 0 | pending | ^_NONE | |
| | Perionip | | |
| 0 | D 11 1 11 D 1 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V None | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | Stock of Stock options | NNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
| 13 | | | |
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| | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | |
| _ | | | |
| | None. | | |